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COMMUNICATIONS.

A NEW STYLE OF BI-FOCAL LENSES.

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The adjustment of spectacles to a presbyopic person who also requires a different lens for distant vision, is always attended with vexation to both physician and patient. One thing that renders it peculiarly difficult is that the problem is different for every patient. Women as a rule look at the matter from a standpoint quite different from that taken by men; and among the latter, as well as among the former, the peculiar habits, business, disposition, and other personal peculiarities always have to be considered. In all cases the first question to be settled is whether or not two distinct pairs of spectacles (or nose-glasses) will prove more satisfactory than a single frame with bi-focal or Franklin lenses. If the patient is a woman this question speedily resolves itself into one of personal appearance, and it is highly important to recognize this fact. The belief is yet widely prevalent that spectacles are a sign of on-coming age, and they are therefore frankly and thoroughly hated by many who desire to keep the unpleasant subject from intruding itself.

> "Though the coming on of crows-feet
> And the turning back of beaux' feet"

are evident facts, many women will endure headaches and imperfect vision, and even forego reading, rather than wear glasses of any kind, least of all, spectacles. As a consequence, the question, paltry at first sight, has a medical and serious bearing. If, therefore, it become apparent that spectacles are held to be another sign of the odious ravages of years, it may be best to drop the subject as deftly and promptly as possible. But in some instances we must not give way before strongly and clearly stating the probable consequences. Where the occupation of the patient demands frequent and continuous changes from near-work to distant vision, and *vice versâ*, then, if possible, vanity should be overcome. For example, in the case of a school-teacher, it is in the highest degree vexatious for her to change glasses every time she has to look from book to scholar, or to the blackboard. There are also certain kinds of clerical work, and certain professional occupations and artistic employments which follow the same rule. Sometimes spectacles may be accepted for the more continuous, or the more private work, whilst nose-glasses or lorgnettes are used for the drawing-room and the street. I have known as many as three or even four different styles of glasses to be used at appropriate times by one person. It is at once amusing and pathetic to see a woman with a low, flat, nasal bridge, pretending to be successful in her struggles to give her aristocratic *pince-nez* a firm hold. But in the more resigned, in those of whom old age has taken clear possession, either *vi et armis*, or with placid welcome, the trouble of changing glasses makes it easy to show the advantage of the Franklins. For such, and for most men, the bi-focal lenses are certainly to be advised.

There are three styles of bi-focal lenses: the first is the well-known and time-honored one invented and worn by that ingenious and wise philosopher, after whom all bi-focal lenses should be named. This consists in two centred lenses, the dis-

tance lens above, the reading below, the straight line of their junction being horizontal through the centre of the frame. This is shown in Fig. I. The objection to this is its unsightliness, the line being very conspicuous. Lesser objections also were, that no distant vision downward was possible, and the spectacle must be rimmed. To obviate the unsightly line of junction,

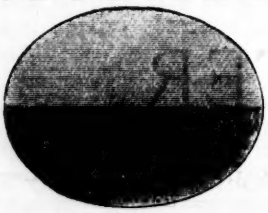

Fig. I.

(*The line of junction is not so conspicuous here as in the spectacles*).

there has been largely used a lens ground from a single and solid piece of glass, the lower or reading lens being crescent-shaped with its concave aspect up, and filling the greater part of the whole space. See Fig. II. Vanity was wholly responsible for this absurd invention, the objections to it being striking and numerous. A glimpse of the ground near the feet was entirely impossible, as much and even more so than in the older style. Moreover, lateral vision was cut off by the horns of the crescent, and the field of vision for distance, which it is desirable to have as large as possible, was reduced to a narrow space, with the valuable sides and inferior angles wasted. To emphasize the absurdity of the whole, the unavoidable prismatic effects of the lenses thus made

Fig. II.

rendered them so uncomfortable that many could not endure them. Yet another aspect of this question is decidedly medical, or to speak more accurately, surgical. The inability to see plainly the inequalities of the ground near the feet, or the steps of the stairs, etc., frequently resulted in missteps and falls, or at least kept the patient hampered and groping in his walking.

About three months ago I conceived the plan of reversing the position of the crescentic or semi-circular near-lens so that the bulk of the whole lens would be kept for distant vision. The plan is shown by the annexed drawing, Figure III. Upon sending my order to a prominent optician I was told that the plan had been unsuccessfully tried. I have since learned that other opticians had made one or two pairs of such spectacles, with indifferent success. Some people liked them very much, others could not wear them. So, though original enough with me, the idea had already been realized; to whom the credit of the first invention and introduction is due (a small matter) I do not know. But I am convinced that the plan is a most excellent one and worthy of recommendation. Against the advice of opticians, I have persisted in experimenting and ordering them for my patients, and now have several patients wearing them with a satisfaction they never had with any other style. The lenses are centred, there is no prismatic effect, and by the slightest turn of the head when looking down the ground

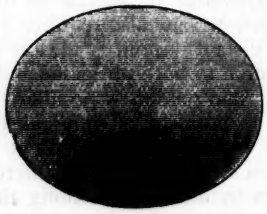

Fig. III.

in front of the feet can be seen through the distant lens. The vision sideways is, of course, perfect. I believe the failures referred to in the attempt to use them were due to the disproportionate size of the lower lens, to the clumsy manufacture of the whole, to imperfect adjustment to the eyes, or to impatience on the part of the wearer. These are all important points. The size of the reading lens may in some cases be smaller or larger than that given in the cut, according to the occupation, the contour of the face, the peculiarities of habit, of holding the head, etc., of each patient. In most cases the proportions given will not be far wrong. It is also self-evident that such a pair of spectacles will require the utmost exactitude of adjustment to the contour of the nose, pupils and face. As to method of inserting or adding the stronger lens to the distant one, manufacturers will probably differ. As usually ground, it is beveled and set into a ground-out and grooved space in

the larger lens. This makes it necessary that the glass shall be pretty thick, renders the line of junction very conspicuous, and makes a rim to hold the two pieces firmly in place unavoidable. I have been much pleased with an ingenious method devised by Messrs. Wall and Ochs, manufacturing opticians, whereby most of these objections are obviated. The spherical presbyopic lens is reduced in thickness to a mere film of crystal, and is glued with Canada balsam to the lower and inner side of the unmutilated distance-lens. In this elegant manner the lenses are rendered very light, the added lens is very inconspicuous, and the spectacle rim is dispensed with, the whole presenting a neat and workmanlike appearance. Finally, it must not be forgotten that the patient must be repeatedly cautioned about the preliminary period of discomfort in "breaking them in." It requires no little persistence and patience in wearing them before one learns how to use them best. To some extent, the whole carriage of the head and the innervation and habits of many muscles are changed. I am in the habit of making every patient promise he will give them a month's trial despite all vexation and discomfort. Within this time he grows most enthusiastic in their praise.

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CONVULSIONS IN CHILDREN, WITH SPECIAL REFERENCE TO ETIOLOGY AND TREATMENT.

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The term convulsion, or eclampsia, is here used in a somewhat restricted sense. I cannot go as far as some writers who believe this condition to be in most instances epileptoid. I agree with Nothnagel[1] who asks: "What is there now remaining of what was formerly eclampsia? Are we altogether justified in still retaining the name? We believe so, and are of the opinion that the title eclampsia should be reserved as the name of an independent affection, which, it is true, can at present be defined only by its clinical symptoms. We propose that the designation eclampsia should be made use of for those cases of epileptiform spasms which, independent of positive organic diseases, present themselves as an independent acute malady, and in which, so far as our present knowledge allows us to judge, the same processes arise, generally in the way of reflex excitements, and the same mechanism in the establishment of the paroxysms comes into play, as in the epileptic seizure itself." Allan McLane Hamilton[1] says: "If any distinction at all be made, it should be one founded upon the fact that epilepsy is usually an organic disease, or, more precisely, a disease which when established is dependent upon some disorganization, while eclampsia is used to express those seizures of a purely functional nature."

Definition.—Convulsion (from the Latin *convello, convulsum,* to pull violently), synonym Eclampsia, is an acute nervous affection occurring in paroxysms, during which the patient loses consciousness, the muscles of the body are spasmodically contracted and the limbs first stiffened and twisted, then agitated by irregular involuntary movements: in a word, an affection in which there are clonic spasms. Convulsions occur in a great variety of diseases and are dependent upon various causes. The classification into three forms adopted by J. Lewis Smith is the simplest and most convenient with which I am acquainted. He says:[2] "The term essential or idiopathic is used when the convulsions have no appreciable anatomical character, that is, when there is no apparent pathological state in the brain or elsewhere, which gives rise to the attack. If the cause is disease of the brain or spinal cord, it is termed symptomatic. If eclampsia arise from local disease elsewhere than in the cerebro-spinal axis, as from pneumonia, the term sympathetic is employed."

Causes.—The causes of the convulsions of children are many and varied, and one object of this paper is to endeavor to sift out the most important ones, that treatment may be more rational. First among predisposing causes is age The affection is peculiar to young children. Probably the age at which convulsions most frequently occur is from six months to thirty months—the period occupied by dentition. I do not, however, regard dentition as the most frequent cause, but think that the occurrence of convulsions at that time is due to the fact that the nervous system of the child is then so much more susceptible and impressionable than it is in adult life, owing doubtless to rapid growth of the child.

[1] Cyclopædia of the Pract. of Med., by von Ziemssen. Vol. xiv, p. 301. American Edition.

[1] Pepper's System of Medicine. Vol. v, p. 465.

[2] Diseases of Children, article Eclampsia.

The form of eclampsia under consideration is rare after seven or eight years of age.

Hereditary tendency is an important factor in the etiology of convulsions of children; and in the majority of cases the predisposition is said to be transmitted by the mother. The weight of authority seems to be against the view that puerperal convulsions in the mother leave a tendency to convulsions in the child. It is nevertheless true that eclampsia is frequent in certain families, seemingly through inheritance; it is as much so, at least, as insanity or phthisis. Children with rickets are very susceptible to influences that produce convulsions. Huhlings Jackson, quoted in the *Medical News*, August 7, 1886, says: "The softness of the ribs in rickets deprives the diaphragm of its normal support, and seriously embarrasses respiration. The respiratory centre is thus perpetually bathed in blood so highly venous that it requires only a slight additional stimulus to throw it into furious action. A coughing fit for example will, by checking the already imperfect respiration, decide the onset of a convulsion."

The exciting causes of eclampsia are very many. It occurs as a symptom in nearly all cerebral diseases: hypertrophy of the brain, thrombosis of the cranial sinuses, congestion of the brain, cerebral hemorrhage, etc. The most frequent cause, however, I believe to be irritation of the gastro-intestinal tract produced by the ingestion of indigestible substances. In a record of twenty-four cases of convulsions, all but four were plainly caused by indigestible food or over-feeding. One great difficulty in ascertaining the cause in many cases, is that parents dislike to admit that anything improper has been given to the child, and often they are entirely ignorant of the fact. Children frequently have these unwholesome articles given to them without the knowledge of the parents. At holiday times it is always well to make the strictest inquiries of all concerned; if the parents can give no information, perhaps someone else can. To illustrate, last Fourth of July I was hastily summoned to see a little boy, two and a half years old, who had just had a severe convulsion and seemed to be threatened with another one. I inquired of the parents if he had eaten anything that might be difficult of digestion. The answer was no. I then inquired of the older children if he had had any nuts or fruit. His sister then stated that some time in the forenoon he had eaten an orange, "skin and all." An emetic soon proved the truth of her statement, a large portion of the orange, with the rind, being vomited. Another case was that of a child eighteen months old, whose mother had given it a quantity of Bologna sausage, the child having no back teeth yet; there was small cause to wonder at the consequences. Smoked beef also is a frequent cause, it being such a common article of diet. Meat in any form should never be given to children until they have all their teeth. The worst case of convulsions I ever saw was caused by eating stewed prunes. At holiday time, and after children's parties, we always look for some cases of this kind. Quite a number of cases are on record in which the child died in a convulsion, and at the autopsy no cause could be found other than a stomach well filled with undigested food. Giving to young children a little, and what is worse, a good deal of everything, is very bad practice. Nuts, candies, unripe fruit, rich cake and pies, hot bread, and meat when the child has not sufficient teeth to masticate properly, are the exciting causes in a large proportion of cases of convulsions. Indeed, over-feeding and improper food are the causes of nine-tenths of the convulsions of children, if we exclude diseases of the brain and acute fevers.

Worms also are said to be a cause, but I have never seen a case in which I could satisfy myself that such was the fact. I have on several occasions at the earnest solicitation of the parents, who very frequently believe that worms are a cause of spasms, and that treatment should always be directed against them, administered a vermifuge, but thus far with negative results. I am well satisfied, however, that very many more cases of eclampsia are occasioned by the indiscriminate use of the various patent vermifuges with which the market is flooded, and which are administered on the slightest provocation. I have seen several cases in which there seemed to be no other adequate cause, the "worm medicine" alone being sufficient to account for the fits. I recall one case, that of a boy four years old, whose death in my opinion was due to an overdose of santonin. It must be remembered that the ignorant lower classes give these remedies in large doses and without any judgment, and with the idea in many cases, that they must persist in the use of the medicine until they "fetch the worms." I do not wish to be understood as denying *in toto* the possibility of worms being a cause of eclampsia; but I do insist that, by the laity at least, they are given undue prominence as a causative factor. This is not

merely an individual opinion, but it is held by some of the highest authorities. Prof. Flint says[1]: "That they (worms) may give rise to convulsions, epileptic paroxysms, chorea, and other affections of the nervous system, as is generally supposed, must be considered as by no means established."

Dentition.—The opinion in the profession once was, and in the community still is, that dentition is the sole and sufficient cause of many of the diseases of childhood. Especially is this true with reference to spasms, or fits as they are popularly called. Physicians at the present day are very much divided in opinion as to the true position of dentition in infantile pathology. Some authors believe that the evolution of teeth when painful and difficult has much to do with many of the ailments and disorders of early life. Others affect to believe that dentition is purely a physiological process, and therefore does not require the interference of art. They say that it is not pathological and that surgical measures are uncalled for. As in all other medical matters, I think it is wise to avoid extremes; a happy mean is usually safest and best. Why there should be such extremists it is hard to understand. Anyone who can recall the eruption of his first "wisdom tooth" should, it seems to me, have clear and decided views on the subject of "teething." I well remember lying awake all night while cutting one of mine. I was feverish, restless and in pain, and this is precisely the condition of the child when cutting teeth. Add to this that the child's whole nervous system is rapidly undergoing development, and is at this time extremely susceptible to pain, and it will seem not at all strange that convulsions and other disorders are developed as a consequence. Difficult dentition is perhaps not so often a direct as a predisposing or coöperating cause, producing a sensitive state of the nervous system which requires but a slight additional stimulus to determine a convulsion. Cases do occur, however, in which the pain and nervous excitement caused by the advancing tooth seem to be the only causes discoverable. This is especially true where several teeth penetrate the gum at or about the same time.

West and Reynolds are of the opinion that convulsions occur in children as delirium does in adults; in other words, that they are the most common expression of neurotic instability. Acute inflammations, especially of the respiratory apparatus, are sometimes causes; one of my cases occurred in the beginning of an attack of pneumonia. Convulsions are also said to occur at times in severe coryza. They are often seen in the commencement of small-pox and scarlet fever, and in the course of the latter disease. They are a common complication of pertussis and are also witnessed in some forms of malarial fever. One of my cases seemed to be dependent on malarial poisoning, and was finally cured with quinine. In young children, burns and scalds are often followed by severe spasms, frequently succeeded by coma and death. Among other causes may be mentioned constipation, dysentery, urinary calculi, both renal and vesical, and uræmic poisoning, as the result of scarlatinal nephritis. Dr. Weir Mitchell[1] states that he has seen children reduced to a state of pitiable nervousness, with feebleness of will and convulsive states not epileptic, owing to unsuspected albuminuria. The mysterious changes effected in the milk of the mother, as the result of violent emotions such as fright, anger, or grief, have been known to cause eclampsia and even death in the child. Preputial adhesions and a narrow prepuce are quite common, and are *sometimes* the cause of reflex disturbance, as the result of constriction or adhesion of the prepuce; but of late years the importance of these consequences has been greatly over-estimated, and this has too often led to rash and unwarranted surgical interference. Comparatively few children are ever inconvenienced by this defect, and doubtless there are hundreds to-day who are none the worse because of this slight anatomical peculiarity. Allan McLane Hamilton[2] says: "The alleged sexual causes of epilepsy are many and some of them very doubtful." This applies with equal force to the eclampsia of children. In my opinion sexual derangements are a very infrequent cause of "reflex neuroses."

Relations between the Convulsions of Childhood and Epilepsy.—On this subject Dr. H. C. Wood[3] writes as follows: "The question of the relations between epilepsy and the convulsions of childhood, is one of great importance. As already stated, I do not believe that the diagnosis between these two affections is to be made out by the symptoms of a single fit. Moreover, it seems to me positively established by clinical experience that the tendency to convulsions in the child is closely associated with the epileptic

[1] Practice of Medicine, p. 513.

[1] *Medical News and Library*, Dec., 1877, p. 31.

[2] Pepper's System of Medicine, Vol. v, p. 473.

[3] Nervous Diseases and their Diagnosis, p. 109.

diathesis, and that in many cases accidental convulsions are the commencement of a life-long epilepsy. In a very large proportion of the cases of epilepsy there is a history of repeated convulsions during early childhood; and there must be inherent differences in the nervous constitutions of children living under exactly similar conditions, some of whom frequently suffer from convulsions, whilst others pass unscathed. Some children are evidently born with the convulsive tendency, which in many cases is so firmly fixed in the nervous system that it cannot be affected by any mode of life or treatment; its possessor is doomed from birth to a hopeless epilepsy. I believe that there is a second class of cases in which the epileptic tendency exists, but in so slight a degree as to be controllable by hygienic and medicinal treatment. Under these circumstances the child may suffer from repeated attacks of accidental convulsions and become epileptic, or by great care the early convulsions may be prevented, and the nervous system allowed to harden to the normal mould." While it is unquestionably true that in many of the cases of epilepsy there is a history of convulsions during early childhood, it is equally true that hundreds of children have convulsions who never develop epilepsy when grown. I have made numerous inquiries on this subject, and could give a very long list of personal acquaintances who had convulsions during childhood, but have never had the first symptom of epilepsy. J. Lewis Smith[1] says that at the Bellevue Hospital Outdoor Poor Department he has carefully observed cases brought there during the last six years, and has been unable to convince himself that there is any connection between the convulsions of young children and epilepsy of later life. The age at which epilepsy is liable to develop he says is from five to seven years, but he regards the two as independent conditions. Hammond[2] also says: "These latter (convulsions of infancy) may pass into epilepsy; but, if they do not I have never been able to find a single case in my experience in which epilepsy ensuing in adult life has been preceded by the ordinary infantile convulsions." Flint[3] says: "Facts showing how frequently epileptoid attacks occur without being followed by epilepsy, are wanting, but it is certain that the latter by no means invariably follows." I do not wish to imply that epilepsy does not occur in young children, as that is an admitted fact, two of my own cases being undoubtedly epileptic; but I wish to protest against the idea that if a child has a convulsion it is likely to become an epileptic, for I do not think facts warrant any such assumption.

Anatomical Characters.—It is obvious that a disorder arising from so many different causes, and being dependent so frequently upon other diseases, must vary greatly in its morbid anatomy. In those cases of acute inflammation of the lungs or other organs attended with rapid pulse, pulsating fontanelle, and other evidences of arterial excitement before convulsions occur, active congestion of the brain would seem to be the condition present, and the obvious cause of the fits. At other times passive congestion of the brain plays a part in the causation, as is seen in a paroxysm of whooping cough, for instance. In the contagious diseases, such as small-pox and scarlet fever, the convulsion is believed to be due to the action of the specific virus on the cerebro-spinal system. In cases dependent upon malaria, some think the occurrence of convulsions is due to the poison itself, others to the high temperature. In the case that I have recorded the temperature was not high, and I am inclined to believe that the true cause was congestion of the brain as the result of a severe chill; young children seldom shake hard, but the congestion of internal organs takes place just the same.

When the eclampsia is dependent upon disease of the brain, congestion plays an important part associated, perhaps, with effusion, or compression of the brain from some cause. One of my cases was undoubtedly due to cerebral hemorrhage. The child was eleven months old and in good health; it was playing on the floor in the morning when suddenly, without any warning, it was taken with a convulsion from which it never rallied, death taking place about six o'clock the same evening. The right side was paralyzed, and it died comatose.

Symptoms.—I will not attempt an elaborate description of a convulsive attack; it is too familiar to every practitioner of medicine. As to the premonitory symptoms, I think they are rarely observed, for the reason that in the majority of cases there are none. In acute diseases, fevers, and inflammations the general symptoms of these disorders are so prominent that attention is diverted from any slight nervousness or irritability which

[1] *Medical Record*, Vol. xvii, p. 522.

[2] Diseases of the Nervous System, 8th ed., p. 702.

[3] Practice of Medicine, p. 757.

at other times might be noticeable; and as it is in this class of cases chiefly that we observe prodromata, I think it can be safely said that the latter are seldom recognized. The prodromic stages of the various affections that are sometimes complicated with convulsions, would be observed as a matter of course; but these, I hold, should not be termed premonitory symptoms of eclampsia—they are properly the premonitory symptoms of the primary disease, whatever this may be.

Eclampsia may be general or partial. Partial eclampsia is the more common form. Death may occur from cerebral congestion, which if continued is liable to end in effusion of serum or extravasation of blood, when all convulsive movements cease but consciousness does not return. The first attack is rarely fatal. The mode of death is usually in coma.

Diagnosis.—The diagnosis of eclampsia is generally easy. It is most likely to be confounded with epilepsy. As regards the seizure itself, there is no appreciable difference; but epilepsy is rare under six years of age, and convulsions are frequent. The probabilities are always against epilepsy in a child under six years of age. If there is a history of exposure to scarlet fever, smallpox or malarial poisoning; or if symptoms of inflammation of the lungs are present; or if the child is teething, or suffering from obstinate constipation, the cause of the trouble becomes apparent. If there is a history of overeating, or of the use of indigestible food such as stale or green fruit, nuts, candy, etc., it becomes perfectly clear that the case is one of eclampsia.

Prognosis —Symptomatic eclampsia is always serious. If convulsions occurs in the course of a cerebral disease it indicates the approach of death; but if at the commencement, some recover. The recurrence of it, whatever the cerebral disease, is an almost certain prognostic of death (J. Lewis Smith).[1] In sympathetic eclampsia the prognosis obviously will vary with the primary disease which causes it; it will also vary according to the stage of that disease. Convulsions occurring at the commencement of an eruptive fever generally subside without untoward symptoms, and the fever pursues a favorable course. Occurring after the appearance of the eruption, however, it is always a grave symptom, and is usually premonitory of a fatal termination.

J. Lewis Smith states that he has never known a patient with scarlet fever recover who had convulsions after the rash had covered the body. J. F. Meigs, however, relates one favorable case; he also states that in convulsions consequent on pneumonia or a burn, more die than recover. One of my cases occurred at the commencement of an attack of pneumonia and recovered. It is said that death does not ordinarily occur from one attack, which is undoubtedly true. One of the cases which I have recorded, however, died in the first fit; but this was unquestionably due to cerebral hemorrhage. Convulsions occurring in the course of whooping-cough are of very serious import if they be not associated with dentition, or some disturbance of the alimentary canal. In eclampsia caused by errors of diet the prognosis is good, as it is also when dentition seems to be the exciting cause.

Treatment.—In the treatment of no disease is it more important to ascertain if possible, the cause, than it is in convulsions of children. I endeavored to show under the head of causation, that a very large proportion of convulsive attacks originated in the condition of the stomach or bowels, and for this reason, emetics are frequently indicated. In all young children in whom brain disease, acute fever or dentition can be excluded as exciting causes, an emetic should be given. The physician should not be satisfied with a teaspoonful of syrup of ipecac, but should give ten drops of fluid extract of ipecac, or ten grains of the powdered ipecac in half a wineglassful of warm water, and repeat in fifteen minutes if necessary. When the child is past swallowing I would suggest the use of apomorphine hypodermically. If the emetic acts promptly in removing the offending substance, the convulsions in most cases will be arrested, and will not recur. An emetic has some peculiar effect in controlling the spasmodic movements, probably through muscular relaxation, apart from the mere removal of irritating substances from the stomach. If there is reason to suspect that a portion of the indigestible matter has passed into the bowels, an enema of soap and water will usually produce a free and speedy evacuation, and will often disclose the cause of the spasms by the expulsion of seeds and half-digested fruit, which the child has eaten. If the enema fails it is good practice to administer a cathartic, and calomel is one of the best; it is easily taken dry with a little sugar. Castor oil is preferred by some in very young and feeble children. These measures should be followed by full doses, in proportion to the age, of bromide of sodium, which is very

[1] Diseases of Children, p. 393.

much more acceptable to a weak and irritable stomach than bromide of potassium. I have found this to be true on several occasions, and decidedly prefer the sodium salt in these cases. If the convulsions do not cease by the use of the above measures, chloroform should be given by inhalation; it will arrest convulsions when nothing else will, and usually very little is required. I have seen the convulsions cease as soon as the child became anæsthetized, and they have not returned. It should be used only during the convulsion and withheld as soon as the spasmodic movements cease. I have never seen any untoward results follow its use, in cases of this kind. Chloral is also highly spoken of, but I have not had much experience with this drug.

The use of opium in this as in many other diseases of children has given rise to much discussion; the teaching of the late Dr. Beek, never to give opium to children under four or five years of age, has deterred many from using this valuable remedy. Modern writers on diseases of children do not prohibit the use of opium. It is not so very many years ago that opium was held to be contra-indicated in bronchitis and pneumonia. There can be no doubt of its good effect in certain cases, especially when the child seems to be in pain, or when diarrhœal troubles show the cause to be in the intestines.

With reference to the use of the hot bath, I am inclined to think that its use should be somewhat restricted; that is, I would not recommend it as a routine treatment, especially when it is to be left to the parents or friends to make use of. It is held by some that the child is liable to have one or more convulsions while in the bath, and that the agitation incident to the giving of the bath adds to the excitement of an already disturbed nervous system. The great object in treatment is to keep the nervous system as free as possible from agitation. The force of this objection is lost if the child be unconscious, and the hot bath is often a valuable means of inducing muscular relaxation sufficient to enable the child to swallow. I am convinced that it is often productive of more harm than good, when in the excitement of the moment the water is too hot or too cold; the child is frequently kept in the bath after the water becomes cold, thereby inducing a chill, which adds to the cerebral congestion already present. When given under the supervision of a physician in appropriate cases I believe it to be a beneficial agent. Putting the feet into hot mustard-water can certainly be productive of no harm. It should be continued from five to twenty minutes according to the severity and duration of the attack, cold applications being made to the head at the same time.

In convulsions arising from dentition, chloroform is the best remedy to arrest the spasm, after which, if the gums be swollen and hot, and the child is feverish, scarification is proper, followed by a mixture of bromide of sodium and opium in the form of paregoric. This is the form of eclampsia in which opium in small doses combined with the bromide is especially indicated. What is the condition in these cases? There is pain—intense, sometimes, for an infant—combined with nervous excitement. What treatment could be more rational than anodynes and nerve sedatives? And clinical experience proves this to be correct reasoning. Some prefer chloral with the bromides, but I think this combination more appropriate in cases in which the convulsions continue if chloroform is not used. The immense doses of morphine used in uræmic and puerperal convulsions would seem to disprove the alleged dangers attending its use.

When the convulsion occurs at the commencement of an eruptive fever or pneumonia, no special treatment is required, beyond the addition of bromide to the treatment appropriate to the fever. If it occurs later and the eruption has receded, it becomes a serious complication, and active revulsive measures, as hot mustard baths, are necessary.

In dysentery or internal inflammations, counter-irritants over the abdomen, with full doses of opium in proportion to the age, and the bromides are proper. When due to malarial poisoning the convulsion should be arrested by the usual means, after which calomel, castor oil and quinine should be given to prevent its recurrence. If the child appears cold and chilly after the convulsion, opium in some form should be given till the quinine has time to have its effect. Veratrum viride I have had no experience with.

In cases due to cerebral congestion, if active a purge is indicated, but it is often better to give an enema at once. External derivative agents are also indicated, such as a warm mustard foot-bath followed by sinapisms to the back of the neck, feet, and calves of the legs, with cold applications to the head; and the bromides internally. In passive congestion the disease is not primary, but dependent upon some antecedent

condition, such as whooping cough, when the treatment appropriate to that disease should be instituted. In cerebral hemorrhage very little can be done. Cold applications to the head, mustard to the back of the neck and legs, with prompt purgation are the most that can be done. Some advocate leeches to the temples if congestion is marked. Bromides may also be given if the child can swallow.

ACUTE UNILATERAL OPTIC NEURITIS, WITH THE REPORT OF A CASE.[1]

BY G. E. DE SCHWEINITZ, M.D.,
OPHTHALMOLOGIST TO THE PHILADELPHIA AND ORTHOPÆDIC HOSPITALS, PHILADELPHIA.

Cases of sudden failure of sight in one eye, with little or no ophthalmoscopic changes, are occasionally encountered, in which the attack is attributed to exposure to cold. Sometimes in these instances congestion of the optic disk is present, and a retro-ocular neuritis has taken place. Other cases of acute optic neuritis, sometimes monocular, sometimes double, are on record. Thus Max Haadel[2] observed nine cases, some single and some double, with and without defects in the field of vision, usually with serious disturbance of sight, mostly with pronounced inflammation of the papilla and neighboring retina, in which exposure to a draught of air was the imputed cause. Periostitis at the foramen opticum was doubtful, and the absence of syphilis, sugar and albumin, lead and other poisons was assured in every case. In M. Schlüter's[3] statistics, among thirty-eight cases of neuritis and neuro-retinitis, seven are classed as primary, while the remainder are arranged as follows: thirteen of central origin; six from specific causes; four followed as the result of pathological orbital processes; two from abuse of alcohol and tobacco; two from albumin; and one each in connection with the puerperal state, after injury, from acute myelitis, and from hereditary reasons. E. Schmidt,[4] in an examination of the cases of optic neuritis in the clinic of Prof. Hirschmann, at Charkow, found, among 120 cases in which the etiology was recorded with some degree of exactness, two instances of papillitis or papillo-retinitis due to cold. Voissius[1] has recorded a case of monocular optic neuritis in a man sixty-one years old, the attack coming on as the result of catching cold during a long, wet drive. Recovery, with a hemiopic defect in the field of vision, was the outcome of the disorder. Roi[2] reports some examples of optic neuritis which he looked upon as rheumatic. They appeared monocular, were accompanied by a speedy diminution of visual acuity passing into amaurosis, but not, however, to the exclusion of a return to normal sharpness of sight. H. F. Hansell[3] describes two instances of acute optic neuritis of rheumatic origin; one monocular, in a healthy married woman, and the other double, in a man aged thirty-one. In each case there was sudden loss of vision, swollen optic disks, and under treatment a rapid return to normal visual acuity. In Dr. Hansell's paper references to analogous cases are recorded, and L. W. Fox[4] has recorded an instance of acute monocular optic neuritis. Recently R. H. Derby[5] has reported a case of unioocular neuro-retinitis in a girl whose father had had syphilis, but who had no other manifestation of constitutional taint. There was at first a central scotoma, then optic neuritis. Light-perception was lost, but under mercurial inunctions and iodide of potash the swelling of the disk, which had amounted to 7 D., subsided, and fair vision was recovered. Cases of optic neuritis without evident cause are occasionally recorded, as one by Power.[6] The patient was an anæmic lad of seventeen; the neuritis was double; albumin and syphilis were absent; the lad had had two attacks of rheumatism and his father was gouty. Friedenwald[7] describes an instance of right optic neuritis in an otherwise healthy girl of fourteen, preceded by violent headache and other symptoms indicating grave cerebral disturbance, but in which perfect recovery

[1] A paper read at the meeting of the Philadelphia County Medical Society, Oct. 10, 1888.

[2] Max Haadel. Inaug. Diss., Berlin, 1885. Abst. *Centralbl. für prakt. Augenheilk.*, p. 223, 1885.

[3] Schlüter. Inaug. Diss., Berlin, 1881. Abst. *Nagel's Jahresbericht*, xii Jahrgang, p. 305.

[4] Schmidt. Wjestnik Ophth., 1885, p. 273. *Archives of Ophthalmology*, vol. xv, p. 249.

[1] Voissius. *Klin. Monatsbl. für Augenheilk.*, xxi, p. 298.

[2] Roi. De la névrite optique humatismale, Paris, 1886.

[3] H. F. Hansell. *Medical News*, Aug. 7, 1886.

[4] L. W. Fox. *Amer. Journ. of Ophthalmology*, July, 1884.

[5] Amer. Oph. Soc., 1888. *N. Y. Med. Journ.*, Oct. 6, 1888

[6] Power. Trans. Oph. Soc., United King., vi, pp. 361–368, 1886.

[7] A. Friedenwald. *N. Y. Med. Journal*, Feb. 5, 1887.

followed. He classed her case with these examples of optic neuritis, referred to by Juler, and occasionally met with in young girls, the cause assigned being some menstrual disturbance, the presence of which, however, careful inquiry often fails to elicit. Usually the neuritis is preceded by severe headache, and the prognosis is unfavorable. No further reference to the many cases of neuro-retinitis described in connection with irregularities of the menstrual functions need be made. Hirschberg[1] has seen several instances of primary optic neuritis, whose course is very typical. The disease is divided into three stages: the first, characterized by great visual disturbance, with slight ophthalmoscopic appearances; the second, by diminution of the visual disturbance and very marked inflammation of the disk; and the third, usually by almost complete recovery, with pallor of the disk. The cases for the most part occur in women, but are not connected with derangement of the sexual functions. Partaking somewhat of the nature of such cases, but not without a history of exposure as the exciting cause, is the subject of this communication.

Mrs. W., forty years old, consulted me on July 11, 1888, because for a week past she had suffered from neuralgic pains in and above the eyes, most marked upon the right side. Bright light was distressing and pain followed when the eyes were rolled upward; slight tenderness was apparent when pressure was made upon the right globe. The vision in each eye was $\frac{5}{VII\frac{1}{11}}$, the amplitude of accommodation 3.5 D.; there was high insufficiency of the internal recti, so that a divergent squint was evident when the eyes attempted to fix a point 15 cm. distant. The fundus of each revealed no gross lesions, save a slight retinal haze around the upper and lower edges of the right disk, the deeper layers of which were gray. The maculas were normal and the refraction appeared to be a simple hypermetropia of 1.5 D. In the absence of any general derangement the peri-orbital pain was attributed to eye-strain, and atropia drops were ordered for the purpose of measuring the refraction error. The correcting glass proved to be + 1.5 s. and with it normal vision $\left(\frac{5}{V}\right)$ was acquired. During the application of the atropia the neuralgia disappeared. The drops were discontinued and the patient directed to return in two weeks. During the measurement of the refractive error, the patient on several occasions stated that although she saw the same number of letters with the right eye that she did with the left, she failed to see them with the same distinctness; but no changes at this time were present in the fundus. This indistinctness gradually assumed the appearance of a definite, dark area in the field of vision; the peri-orbital pain returned; and five days after the last ophthalmoscopic examination had failed to discover any changes in the disk or retina, she returned with the vision sunken to ability to count fingers, with well-marked right-sided optic neuritis. All edges of the disk were woolly and its upper margins entirely hidden, while a flame-shaped hemorrhage was situated above and to the inner side. The apex of the swelling was +3. D., the vessels were about normal in size, and the macula free from disease. The pupil was of medium size and acted sluggishly to light and shade. A few days before this time she had gone on an excursion with her children, became much overheated, and had afterward waded about in a neighboring brook. It was in the evening of this day that the neuralgia returned, the definite dark area appeared in the field of vision, and shooting pains attacked the deep muscles of the thighs. Further examination proved an entire absence of any symptoms pointing to brain disorder; the heart and lungs were normal and the patient was not anæmic; there had been no suppression of the menstrual flow, and this function was natural; no active uterine disease existed, except a slight prolapsus which was not then under treatment. The urine was free from albumin, sugar, and tube casts, and the last recent illness, several years before, had been an attack of peritonitis, from which a good recovery had resulted. Dr. James Tyson, who saw the case in consultation, confirmed the accuracy of these examinations. Syphilitic infection and the action of lead or other poisons were carefully excluded. The vision continued to sink, and on the following day was reduced to faint quantitative light-perception and the disk, if anything, was slightly more swollen. The temple was freely leeched and the patient directed to take fifteen grains of salicylate of sodium before each meal and seven and a half grains of iodide of potash, with one-twenty-fourth of a grain of bichloride of mercury, after each meal. Three days later, or on July 30, the vision was slightly improved to the ability to see the hand move, and the

[1] Hirschberg. *Centralbl. für prakt. Augenheilk.*, Nov., 1887.

pain was distinctly better. The medicine was continued and small fly blisters ordered placed upon the temple. August 1, the salicylate of sodium was discontinued, but the other medication continued, vision improved and large letters (Sn. CC) were faintly recognized. August 6, marked improvement, V.$=\frac{5}{xxxv}$; edges of the disk visible all around and only a faint remnant of the hemorrhage. August 20, neuritis had practically subsided; V.$=\frac{5}{x}$, form and color fields normal in extent; no scotomata; ordered one-twenty-fourth of bichloride of mercury after each meal. September 9, V.$=\frac{5}{VII\frac{1}{11}}$, disk pallid, and all traces of the neuritis had disappeared.

In the absence of any symptoms pointing to cerebral disturbance, with no uterine disease save a slight prolapsus and the history of a leucorrhœa no longer active; with the menstrual functions normal; with a healthy circulatory apparatus and the urine free from albumin, sugar, and tube casts, and with the direct account of overheating and exposure, we may fairly conclude that this was an instance of genuine, acute optic neuritis. The history shows that before any ophthalmoscopic changes were evident, and before there was any positive diminution in visual acuity, the field of vision was invested with a haze which afterward assumed a definite, dark form, probably coincident with the first appearance of the inflammation around the papilla and the loss of sight. Hence it is evident that the attack was in process of formation and was precipitated by the wetting of the feet and sudden cooling after an overheating. Cases of optic neuritis apparently due to exposure, as has been pointed out by Leber and others, are mostly monocular; and rheumatism, perhaps upon insufficient evidence, has been cited as the cause. Gowers,[1] writing upon this point, says: "Neuro-retinitis has been loosely ascribed to rheumatism, but only on the ground that it has sometimes appeared to be due to cold." Rheumatic inflammation at the back of the orbit, however, according to the same author, may damage the optic nerve. Michel,[2] commenting upon a reported case of acute, peripheral retro-bulbar neuritis, remarks that he has never observed a "rheumatic" neuritis, and he considers the assertion of such as a mark of ignorance of the causes especially operative in the production of inflammation of the optic nerve.

Hansell[1] thinks "that a true rheumatic inflammation of the fibrous coat of the nerve between the optic foramen and the sclerotic" quite possible, but owing to the infrequent opportunity for section and examination admits that "our pathology is, at best, speculative." The central scotoma which existed in this and similar cases denotes an affection of the sheath of the nerve extending into its substance, not, as Hirschberg remarks, as would have been supposed before the macular fibres were discovered, a central inflammation extending outward. The prognosis depends to a certain extent upon the site of the lesion, and the termination may be favorable, as in the case reported, or a permanent atrophy of the disk may result. Hirschberg,[2] in his cases of primary optic neuritis, has found usually that the second eye is attacked; the interval may be days, or weeks, or months. Three of his cases illustrate this fact A woman, forty-two years old, suddenly lost the sight of the right eye; in six days from the beginning of the attack this was well, but the left eye was attacked and optic neuritis developed; in three weeks recovery had taken place and the fundi were normal. In a second case a woman, twenty years old, had slight temporary loss of vision in the right eye three weeks before coming under observation for loss of vision in the left, which came on eight days before. Four months later she came with the right eye similarly affected, while the left had practically recovered. A third instance was that of a peasant girl, seventeen years old, who had her right eye attacked in 1878; she recovered, and in 1884 had her left eye attacked, and also recovered from this.

The treatment has already been discussed. Leeching of the temple, followed by blisters, diaphoresis, together with the salicylates and iodide of potash, yield the best results. Improvement may take place before the remedies have time to take effect.

[1] Medical Ophthalmoscopy, 2d ed., p. 230.

[2] *Nagel's Jahresbericht*, xvii Jahrgang, p. 381.

[1] *Loc cit.*

[2] *Loc cit.*

—The *Medical Press and Circular*, Oct. 17, 1888, says that a manufactory has been started in Italy for the manufacture of a culinary oil from grape pips. A hundred pounds of the seeds yield about five pounds of a clear yellow oil.

THE SIGNAL SERVICE AND THE PHYSICIAN.

BY G. WALTER BARR, M.D.,
BRIDGEPORT, ILLINOIS.

Rheumatism and diseases of like character which have variations in symptoms in accordance with changes in barometric pressure, have been noticed for a long time; but the relation existing between that combination of temperature, barometric pressure, moisture, condensing point, wind, *et cetera*, which we call the "weather," and that combination of symptoms which leads us to speak of a patient as better or worse has never been fully worked out. I recollect hearing a celebrated gynecologist advise the postponement of serious operations when the wind is east, and have profited by the advice to the extent that my surgical operations are, whenever this is possible, performed in bright, clear weather. Walking patients often ask permission to make journeys, and patients with lung disease ask questions in the answer to which the weather is an important factor. Weather lore should not be left to old women and to men with goosebones or moon tables.

The source of the most accurate meteorological knowledge at present is the Signal Service of the United States Army. I have been for some time in the habit of watching the service here and allowing its predictions to influence my treatment of patients. The results have been such as to incite me to call the attention of the profession to the benefits of the practice.

Should a patient have any fever with the convenient prefix "typho-," a low barometer and an east wind will make him worse, unless their effects are overcome. The day before the beginning of a week's rain is a bad time to amputate a thigh or perform a laparotomy. In the back-country districts I have often amazed the visiting cohorts by ordering, on a balmy day, window-panes put in and crannies stopped, "because it will get cold about ten o'clock to-night." Only a country doctor, who is laying up ninety per cent of his treasure in heaven on the endowment plan, can appreciate the value of knowing when a cold wave is coming down on his scantily-clothed, miserably-housed sick.

As to the value of the Signal Service predictions, each man must collect his own data of verifications and not believe what his political organ says about them. Actual, careful records kept by me here for two years show a verification in over ninety per cent. of the cases, and that five per cent. more of the whole could be correctly predicted by a local observer. It seems to be difficult to make people understand what the predictions mean, and more difficult still to get them to make careful notations each day of weather and temperature variations. It does not do to follow blindly the "Indications," but local conditions and effects based on experience must become factors in the prediction of the weather. With a good vane and thermometer, and a little diagnostic skill, the Signal Service enables us to predict meteorological conditions about as correctly as the text-books enable us to diagnosticate pathological states. The weather influences prognosis and should influence treatment, and the truly scientific physician may well give it some attention.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE.

Regular Meeting, October 18, 1888.

The President, A. JACOBI, M.D., in the chair.

DR. M. ALLEN STARR read a paper on

Apraxia and Aphasia; Their Varieties and the Method of Detecting Each,

in which he said that some of the symptoms of aphasia are not recognized by the patient, while his condition prevents him from describing others to the physician. It is well, therefore, to call attention to the proper manner of examining patients who present one of the most interesting of all local symptoms, namely, aphasia. He said he ventured upon this task because of the recent discovery of defective thought and memory associated with aphasia, a condition which has been named "apraxia."

Speech disturbance, Dr. Starr said, is divided into sensory and motor aphasia. The memory of the sound of a word as spoken, the memory of its appearance when written, and the memory of the muscular movements necessary to write or pronounce it, are known to be distinct from one another and yet to be associated. The loss of these memories is termed respectively, word-deafness, word-blindness, and agraphia, and when it exists there is impairment of the word-image. A word, he said, is simply employed to express thought, and thought

precedes language. The word added to the mental image of a thing, which in the case of a pen has size, shape, and thickness and conveys the idea of writing, makes the conception communicable to others, but it is not essential to the idea. In a diagram displayed by Dr. Starr, of which a bell was the concept, there were seven circles connected with one another, three of which, representing auditory memory, tactile memory, and visual memory, have to do with the idea; while the other four, word-seeing-memory, word-hearing-memory, word-reading-memory and word-writing-memory, have to do with the use of language. Each or all the sensory organs, when called into play, may fail to arouse an intelligent conception of an object; to express this failure the term apraxia is employed. Apraxia is frequently associated with aphasia, and may lay at the base of it. Hence it should be determined by various tests, whether or not the person gives evidence of recognition. He should be watched by his friends to learn if he still has the same appreciation of his food, if he continues to admire pictures, flowers, etc., and if he recognizes perfumes—in short, if bodies any longer awaken ideas in the mind as they did previous to the aphasic attack. Certain varieties of apraxia, as those of word-blindness and word-deafness, have been studied, while others have received little attention. Investigation of the power to recognize and name objects by the touch, taste, and smell would be interesting, but have not yet been undertaken. Of the cases of apraxia which Dr. Starr has been able to collect, the lesion has always been found in the left hemisphere in right-handed persons and in the right hemisphere in left-handed persons; in other words, in the same hemisphere which is the seat of the lesion which produced the aphasia.

Apraxia has as many varieties as there are organs of sensation, and in all cases of aphasia examination should be made for apraxia. It is well known, he said, that lesions of the right hemisphere in right-handed persons, and of the left hemisphere in left-handed persons, do not produce aphasia; and it seems also that memory of objects must be located on the same side of the brain as that which produces speech. In all the cases of psychical blindness which Dr. Starr has been able to collect, the lesion lay in the angular gyrus; in cases of word-deafness it lay in the temporal convolution, and when both word-blindness and word-deafness existed there was a lesion of both the angular gyrus and temporal convolution. Dr. Starr's collection contains forty-five cases, and is larger than any other yet made. The histories of two occurring in his own practice, illustrative of aphasia in which there was word-blindness and word-deafness, were read. Every patient should be tested, he said, as to his power to write voluntarily, to copy, and to write from dictation. Some patients can figure when they have lost power to read and write.

The complete severance of association fibres may, he said, cause disturbance of the mental image. Four cases of deep-seated lesion in the occipital lobe underneath the cortex have been found at death in such a position as inevitably to affect the associated fibres passing to the angular gyrus. If one association tract be impaired, others may remain open, and before saying that the memory picture is lost one should test all channels leading to it. Such acts as reading aloud, writing at dictation, and copying involve association fibres.

In his first case, word-blindness and word-deafness were present in about equal degree. The diagnosis was that of embolism of the terminal branches of the left Sylvian artery. There was no loss of power to write words. In the second case there was also word-deafness and word-blindness, no motor aphasia, no agraphia, but marked impairment of understanding what the patient heard and read. Hearing and sight were normal. The patient did not recover from his sensory aphasia, but died of acute encephalitis.

Dr. W. R. Birdsall remarked that Dr. Starr's reference to disturbance of the musical faculty in some cases of aphasia reminded him of his first case, that of a violinist, who lost power to speak but retained power to read musical notes and to play the violin. He thought Dr. Starr's diagram of the list of cases showed the superior value of pathological observations over physiological experimentation in cerebral localization.

Dr. E. D. Fisher said he felt that it was a question whether or not so-called cases of sensory aphasia could be attributed to a definite local lesion, for the location of the general intelligence being unknown (it might even rest in the entire cortex) it was difficult to say the cortex was not involved. He could not understand how, with our present knowledge, we could say positively that the supposed centers in the cortex were alone involved, and that the symptoms were not due to a lesion in the white matter or connecting fibres. This difficulty was not

easily solved when it concerned sensory lesions, but it was less difficult in motor aphasia

The PRESIDENT said he could recognize the difficulties in diagnosis pointed out by Dr. Fisher. A number of cases were on record in which the symptoms pointed to a definite local brain-lesion while the autopsy showed an extensive lesion, and the contrary.

DR. PUTNAM JACOBI thought the diagram was incomplete in picturing only memory centers of nouns or verbal expressions, and leaving out of account the higher center for the idea.

DR. A. H. SMITH, when studying a case of aphasia, thought the condition present might be described as "psychical incoördination."

DR. STARR, in closing the discussion, said that he regarded no one center as necessary for the concept "bell," which was the object figured in the diagram; that the image was made complete by the auditory, visual, and tactile centers, and that any disturbance of these, or of their connecting tracts, would make the concept imperfect or destroy it completely. But if there was one center for the idea, a lesion in that limited area, not involving the others mentioned, should entirely destroy the mental image; but no pathological findings went to support such a view.

FOREIGN CORRESPONDENCE.

LETTER FROM BERLIN.

(FROM OUR SPECIAL CORRESPONDENT.)

Inhalation of Heated Dry Air in Consumption.—Effects of Heated Damp Air in Consumption.

BERLIN, Oct. 12, 1888.

The chase of medical men after satisfactory treatment of tuberculosis has well-nigh assumed the character of a craze. National vanity, besides, seems to have spurred the German profession not to be outdone by the French clinicians, who, like Bergeon, Dujardin-Beaumetz and Germain Sée have recently surprised the professional world by their wonderful "cures" of consumption. But by some strange coincidence "the Yankees" have again asserted their traditional prerogative in the way of discovery. Dr. Weigert, of Berlin, who was the first to hit upon a new and successful method of treating consumption, turns out to be an American. But, as such merit and precedence could not very well be allowed to an American physician, Dr. Halter has presented his claims to priority. The new principle of treatment consists in the *inhalation of heated, dry air*. Dr. Weigert appears to have sustained his claims, and the most prominent secular journals have finally taken his part. As the result of this an article appeared in some journal, in which Dr. Weigert's assumption of addressing the Berlin physicians by the epithet of "colleagues" was stigmatized, Dr. Weigert being merely a "Philadelphia doctor." To be a Philadelphia doctor, it needs to be explained, means in Germany to be an impostor and a swindler who has simply bought his diploma. There is actually scarcely a week passing, but some paper publishes an article against some alleged "Philadelphia doctor." To rectify this matter your correspondent has transmitted to the *Berliner Tageblatt* a polite note explaining that the "Philadelphia University" *alias* Buchanan & Co., has long ago ceased to exist, and that Philadelphia is justly considered as the centre of American medicine, having three regular medical schools of first-class standing, besides a Woman's College, a Homœopathic School, and a Polyclinic. Singularly enough no notice whatever was taken of this communication. Your correspondent, however, will not be satisfied until both the German profession and the public are in possession of the truth concerning medical affairs in Philadelphia. It will be of interest to Philadelphians to learn that Prof. Da Costa's book on diagnosis is the official text-book at the Royal University of Berlin, and that the names of Gross, Mitchell and of several other Philadelphia physicians are household words among the German profession.

The favorable results obtained by Dr. Weigert with inhalations of superheated dry air have led Dr. Krull, a practitioner of Güstrow, Mecklenburg, to try the effects of *damp heated air in consumption*. His experiments, however, date back two years and a half. Krull has just published a paper on the cure of consumption by inhalations of damp, warm air, of a constant temperature. The author is quite right in saying that the sanguine anticipations in regard to all antibacillary methods of treating tuberculosis have been a failure. Even Sommerbrodt's creasote treatment has not proved a success. Krull's plan is to abandon wholly the antiparasitic principle and to return to old principles by new means. The basis of his

treatment is the view that a defective nutrition of the lungs favors the admission and development of pathogenic bacteria, and that by directly increasing the blood supply and vital energy of the lungs, the local powers of resistance and recuperation can be considerably increased. This desideratum Krull attains by means of inhalations of sterilized, damp, atmospheric air, the temperature of which can be regulated by mechanical devices. The result of introducing into the lungs damp air of a higher temperature than that of the body is a vascular dilatation, and the passage of a greater quantity of blood through the lungs without concomitant cardiac excitation. As damp air heated to a definite limited degree does not decrease the elasticity of the blood-vessels, each cardiac contraction carries off the quantity of blood admitted previously to the part. It is evident that through this increased admission and expulsion of blood a greater quantity of it will be propelled into the capillaries of the lungs, and that an augmented oxidation of blood will take place in a given time. Simultaneously, the discharge of carbonic acid gas is increased and the processes of pulmonary nutrition and general tissue-change are stimulated. Thus it is possible to check, even in an already affected lung, the progress of the affection, by rendering the still healthy part more capable of resisting the propagation of the tubercle bacillus. Restoration may then take place, either by resorption or by vascular new formation. This recuperative tendency of the lungs is also favored by the water, which in the form of vapor has entered the lungs simultaneously with the hot air and tends to soften and expel cheesy deposits. Possibly the hot air exercises also a deleterious influence on the development of the bacillus. Strange to say, as Krull's observations have shown, the danger of pulmonary hemorrhage is not only not increased by these hot inhalations, but they, by equalizing dangerous centres of blood-stagnation, actually diminish it. Krull has constructed an apparatus for the convenient inhalation of sterilized, damp, hot air. In using it, the patient rests his arms in arm-slings and applies his mouth to a mouth-piece attached to the apparatus, compressing at the same time with his finger the alæ of the nose.

Krull has also experimented with these inhalations on a large number of healthy and tubercular subjects, and has obtained such favorable results as to attract the attention of all practitioners of medicine to his treatment. The inhalations produce no tendency to cough, are pleasant and never create a laryngeal or bronchial catarrh. Cardiac excitation was also never observed. A healthy person gained under this treatment two pounds a week. A tubercular woman, 18 years old, had at the end of Krull's treatment gained twenty-six pounds in all. The best results have been obtained with air heated to 103° F., and by one inhalation daily between 7 and 8 A.M. or 5 and 6 P.M., and lasting thirty or forty minutes. If syphilis or albuminuria is present, Krull's treatment is useless. The most satisfactory results, as would be expected, are obtained in the very beginning of tuberculosis, even of an inherited character. It is to be hoped that more extended clinical trials of Krull's treatment will establish their therapeutic worth.

PERISCOPE.

Saccharine in the Adulteration of Food.

MM. Brouardel, Pouchet and Ogier have been investigating the employment of saccharine as an adulterant of food. They conclude that (1) saccharine is not a food and cannot replace sugar; (2) its employment in the food suspends or retards the transformation of starchy and albuminous substances in the digestive tube; (3) substances containing it, therefore, cause great disturbance of digestion, and are calculated to multiply dyspeptic troubles; (4) its employment in food is still too recent to enable one to determine with precision the consequences of its daily use; but, for the present, it is established that its use has an injurious influence upon digestion, and that the committee is right in concluding that saccharine and different preparations of it ought to be prohibited from food.—*Bulletin Médical*, August 18, 1888.

Reaction of Urine Containing Salicylic Acid.

Pollatschek (*Wiener med. Wochenschrift*, No. 21, 1888) directs attention to the strong reducing property of urine passed after the use of salicylic acid, when this urine is heated with Fehling's solution; it causes a deceptive resemblance to the sugar reaction. This reducing property of salicylic acid was first discovered by Fleischer.—*Centralblatt f. d. med. Wissenschaften*, September 1, 1888.

Case of Poisoning with Antifebrine.

J. Meyer (*Therapeutische Monatshefte*, No. 5, 1888) reports a case of poisoning with antifebrine. The subject was a man 38 years old, disposed to attacks of catarrhal bronchitis, who was at the time suffering with an attack of migraine. A druggist of Berlin gave him two doses of antifebrine, each containing thirty grains, which the patient took within twenty-four hours. The first dose was well borne, but about fifteen minutes after taking the second dose, symptoms of poisoning manifested themselves. The latter consisted in cold sweat, feeling of great prostration, anguish, palpitations, very small and frequent pulse. By and bye a slight cyanosis spread over the face, lips and hands.

The patient was given a cup of black coffee, followed by castor oil; sinapisms also were applied. The cyanosis gradually disappeared. The other toxic symptoms subsided but slowly, and for several hours the patient felt dejected.—*Gazette Médicale*, August 25, 1888.

Uræmic Convulsions Following Post-Scarlatinal Nephritis.

Dr. James Mason, in a communication to the *Lancet*, July 14, 1888, says that although the following case presents little novelty either in its clinical features or in the treatment adopted, still a summary of its salient points may not be entirely without profit. It illustrates, among other things, he says, that even when the greatest care is taken post-scarlatinal dropsy may occur, and also that even in what are apparently most hopeless cases recovery may take place. It is further interesting, he says, as illustrating how careful one ought to be in adopting the *post hoc, ergo propter hoc* method of deduction.

The patient, a boy about eight years of age, suffered, along with the other members of a large family, from scarlet fever. Fourteen days after the rash had disappeared œdema of the eyelids and hands was observed. There was a considerable quantity of blood present in his urine, for which hazeline (a distillate from hamamelis Virginica), among other drugs, was tried, but without obvious benefit. The usual fomentations were applied, and he had several hot baths; but on the fourth day after the appearance of the œdema he was seized with a convulsive fit, the clonic spasm being, however, entirely confined to the left side. On being called, Dr. Mason at once gave him a hot blanket bath, and injected an eighth of a grain of pilocarpine over the deltoid. Although free perspiration soon followed these agents, the stertor seemed to increase and the coma to deepen. After consultation it was decided to try venesection. The median basilic vein was opened, but so altered was the blood and so weak was the circulation that only a few drops of thick treacly fluid escaped. After trying various ineffectual means to increase the flow, the incision was covered up and the boy was left to die. Next morning, however, he was laughing and chatting with his brothers, who were convalescing from scarlet fever, and in three weeks more he was fit to go to the seaside.

Dr. Mason remarks that had he obtained a free flow of blood from the boy's arm, he certainly would have been inclined to credit the venesection with the cure, and, reasoning from that, would have been more inclined to adopt that practice in any similar case. The moral to be drawn is obvious.

Purgative Action of the Galvanic Current.

Some time ago, Dr. Schildbach published a paper containing the following statements, based on some experiments of his own: 1. A moderately strong galvanic current (cathode in the rectum, anode on the abdomen) gives rise to vivid peristaltic movements of the intestines. 2. A sitting of 10 or 15 minutes is followed by stools in one or two hours. To verify Schildbach's assertions, Dr. A. Chelmonski, a Polish practitioner, has recently undertaken a series of experiments in two healthy persons and in eight patients with habitual constipation. His results, as described in his communication in the Warsaw *Gazeta Lekarska* (1888, No. 19), may be condensed thus: 1. In 9 out of 10 cases, the sitting was followed by defecation in from fifty minutes to twelve hours, the stools being of a gruel-like consistence. 2. In 4 of the 9 cases, the stools were followed in two hours by diarrhœa. 3. In 3 of the 10 cases, during the electrization, there were observed facial pallor, extreme weakness of the pulse, perspiration, giddiness, and aural noises; while in one case a true syncope supervened. Dr. Chelmonski's general conclusions are to the effect that the laxative effects of the current are not so rapid and satisfactory as Schildbach alleges, and that the current sometimes manifests an unpleasant influence both on the intestine and heart.

Syphilitic Ulcer of Anus.

Dr. Mark F. Patten, of San Buenaventura, Cal., reports an interesting case of this affection in the *Pacific Med. and Surg. Journal*, August, 1888. A young man, 17 years old, consulted him February 9, 1888, with the following history: Five weeks previous, while in Los Angeles, he was obliged, on account of the scarcity of lodgings, to occupy a bed with a man who was a stranger to him. In the middle of the night he was awakened by his bed-fellow, who was in the act of committing an assault upon him. On his resisting and making an outcry, the man choked him, relieved him of his watch and money, and then decamped. Three weeks after this a sore appeared at his anus, which became exceedingly painful, and it was for this that he consulted Dr. Patten.

On examination, the latter found a large ulcer involving one-half the circumference of the anus, with edges well defined and somewhat indurated. It was very sensitive to touch, and defecation caused great pain. There was also slight enlargement of one of the inguinal glands. It was a question whether this was a case of syphilis or not, and if it were not for the rapid growth of the anal ulcer and the increasing painfulness of defecation, Dr. Patten would have waited for secondary symptoms to become manifest before resorting to specific treatment. He, however, thought it best to place him on a mercurial (bichloride) course at once. In one week, he says, the anal ulcer was entirely healed. The mercurial did not retard or prevent the development of secondary symptoms, as on the forty-seventh day after exposure to infection his body became covered with a typical syphilitic roseola.

Influence of Antipyretics upon the Retention of Glycogen.

MM. Lépine and Porteret have been studying the effect of antipyretics upon the glycogenic function, and have already announced that they retard the transformation into sugar of the hepatic glycogen. In subsequent investigations (*Gazette Hebdomadaire*, August 24, 1888) they have sought to determine the influence exercised by antipyrine and antifebrine upon the proportions of glycogen. After having described their method of procedure with the purpose of eliminating error, and stated that it is indispensable in a study of this kind that the animals experimented upon should be of the same litter, differing little in weight and in the same condition of nutrition, they announce the results they have obtained. Their conclusion is that animals poisoned with antipyrine and antifebrine have, in comparison with healthy animals taken as tests, an excess of muscular glycogen of 28 to 20 per hundred—a fact that is not without importance as bearing upon the theory of the action of antipyretics.

Treatment of Ulcers of the Cornea.

At the meeting of the American Ophthalmological Society, September 19, 1888, Dr. P. A. Callan, of New York, read a paper on the treatment of ulcers of the cornea. Ulcers occurred in young persons, and were often phlyctenulæ of the cornea, in which neglect and lid friction had caused absorption and an ulcer. A salve of the yellow oxide of mercury should be placed between the lids once daily; atropine and cocaine should be used, if necessary; and also tonics and open-air exercise, regulated diet and airy sleeping-quarters, smoked glasses, but no bandages or dark room. For ulcers due to conjunctivitis, that affection should be treated. In gonorrhœal ophthalmia, ophthalmia neonatorum, or granular conjunctivitis, efforts should be redoubled when the cornea is threatened—cutting the canthus, applying leeches or ice compresses, etc. Referring especially to ulcers without apparent cause, due to some constitutional trouble—malaria, syphilis, etc.—the author said that the constitutional remedy should be employed, and, under cocaine, the ulcer cleansed with a piece of absorbent cotton wrapped on a holder. Then, with another piece of absorbent cotton, it should be swabbed with a two-grain solution of nitrate of silver, leaving no part of the ulcer untouched. This might have to be repeated two or three times in as many days. The eye should be bathed with hot water (120° to 130° F.), for half an hour, three times daily. If much corneal irritation existed, the cornea should be bathed with a boric acid solution; then atropine and cocaine used, and the eye kept bandaged. The point to be aimed at is to get a clean wound, and this is obtained better and more safely, he said, by use of the nitrate-of-silver solution than by any other means known to him. Besides clearing the ulcer, the nitrate of silver stimulated repair.

Dr. W. F. Mittendorf, of New York, thought the electro-cautery should be used on sluggish ulcers and on those inclined to spread rapidly, with sloughing edges.—*N. Y. Med. Journal*, October 6, 1888.

Case of Dextrocardia.

The *British Med. Journal*, July 7, 1888, says that at a meeting of the "Ateneo" of Brescia, Italy, June 3, Dr. Emanuele Anselmi showed a case of dextrocardia in a young man. The right side of the thorax was far more prominent than the left, and the muscles covering it were much more developed. The apex-beat was close to the sternal end of the fifth intercostal space of the right side. The relative position of the ventricles was unchanged, and the great vessels were not transposed; the heart in fact was as if it had been forcibly pushed over to the right, so that being unable to move downward on account of the liver, it had gone forward, bulging out the ribs to make room for itself. The great vessels appeared to have undergone a twist, or rather a more marked curve than usual, for the blood reached the radial arteries on both sides after a longer interval than the normal one, and the second sound of the heart was somewhat unnaturally strong. The patient had never had any symptoms referable to the heart except after excessive physical exertion, and physical examination failed to reveal anything wrong either in that organ or in the lungs. Dr. Anselmi was inclined, in the absence of any history of disease which might have caused dislocation of the heart, to attribute the malposition to some inflammatory affection occurring during the embryonic period.

Microkinesis.

A paper by Dr. Francis Warner, on muscular movements in man and their evolution in the infant, was read at the meeting of the Royal Society, June 12. In the newborn infant continual movement may be observed in all parts during the waking state; these spontaneous movements, to which Dr. Warner proposes to apply the term "microkinesis," cannot be stopped by external stimuli. This condition becomes gradually modified during the growth and development of the child, and the movements are gradually more and more controlled by external stimuli, while the phenomena termed memory and imitation are evolved. The paper also contained a study of the modes of action of nerve-centres in adult age, and it was suggested that when a co-ordinated movement follows a slight stimulus, temporary unions are produced among the centres, and that the brain-action corresponding to thought is the formation of functional union among cells; the outcome of such functional unions is seen in the movements which express the thought. Dr. Warner described a number of special postures and movements associated with certain states of the brain, and in fact affording physical signs by which those states might be recognized.—*British Med: Journal*, June 30, 1888.

Medicines Excreted by the Bile.

Prevost and Binet (*Revue méd. de la Suisse Romande*, May 20, 1888, made biliary fistulæ in two dogs, and investigated experimentally the action of drugs upon the secretion of bile, and their excretion by the bile. Their results are as follows: 1. Although fat is not decomposed on account of the absence of bile from the intestinal canal, the animals experimented on continued to be well nourished. 2. The quantity of bile secreted increases considerably in proportion to the food ingested, especially when the latter is rich in peptones, less when it is rich in fat. Ingestion of water increases the secretion of bile if the quantity of water exceeds seven fluid ounces. Agents which increase the secretion of bile are: gall itself in its natural state or in the form of a glycerine extract, bile salts, urea, oil of turpentine, terpinol, potash, benzoin, salicylate of soda, salol, muscarin. The following increase the secretion only in an insignificant degree: bicarbonate of soda, sulphate of soda, chloride of sodium, Carlsbad salts, propylamine, antipyrine, aloes, cathartic acid, rhubarb, hydrastis Canadensis, ipecacuanha. The secretion of bile is lessened by iodide of potash, calomel, iron, copper, atropine, strychnine. Phosphate of sodium, bromide of potash, chloride of lithium, corrosive sublimate, arseniate of sodium, alcohol, ether, glycerine, caffeine, pilocarpine, kairine, cytisus, senna, colombo—were without appreciable influence upon the secretion.

Of the agents ingested the following could be detected in the bile that escaped through the fistula: turpentine, terpine, terpinol; salicylic acid (also found after salol was given), bromide and iodide of potash, potash, arsenic; iron, lead, mercury (these three in traces); caffeine, fuchsine, cochineal, finally gall itself. The gall of dogs becomes of a more greenish hue after ox gall has been given, and smells then like ox gall. Moreover, glycocholic acid can then be detected in dog's gall, although this is never found normally in the latter, but is always met with in ox gall. The following agents were not detectable in the bile: antipyrine, kairine, hippuric acid, strychnine, copper, lithium, urea.—*Wiener med. Presse*, July 29, 1888.

THE

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Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate, or omit words like "the," and "a" or "an."
Make communications as short as possible.
NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.
When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.
The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

MEDICAL LEGISLATION IN TUNIS.

The attention of the medical profession in the United States has of late been strongly directed, in the State and National Societies, to the necessity for the adoption of wise and uniform laws for the regulation of the practice of medicine. For this reason we think it may be useful to give an epitome of the laws in regard to this subject which have recently been promulgated in Tunis.

These laws make the following provisions:—

Since July 15, 1888, no person can practice medicine, in any of its branches, in Tunis except under the following conditions: Every person intending to practice medicine must, within one month of fixing his or her residence, declare this intention, in writing, to the civil "controller," and deposit a diploma entitling him or her to practice in the country in which it was issued. This diploma will be examined, and, if found correct, will be returned, with a certificate authorizing its possessor to practice. In case of removal from one district to another this certificate must be registered with the local "controller," within one month.

The names of all persons entitled to practice are to be published at the beginning of each year in the *Journal Officiel Tunisien.* Persons authorized to practice must do so only in the districts to which their certificates apply.

No person may practice medicine and pharmacy at the same time; but any physician may sell medicines if he resides in a district in which there is no authorized pharmacy.

Every person is regarded as practicing medicine who habitually gives advice, or professes to give advice, for a salary or gratuity, or as to a method of treatment, or the use of any substance which he represents as capable of curing disease, or who practices manipulations or operations having the same object, or who practices midwifery.

Every violation of this law is to be punished with a fine of from ten dollars to one hundred dollars. If the violation is accompanied with usurpation of a title, the fine ranges from twenty dollars to two hundred dollars. If the offense is repeated, the fine is doubled and an imprisonment, not exceeding three months may be added. Prosecutions may be instituted by official action, or at the request of any person authorized to practice, or by any medical society, and the latter have the right in any case to *bring a civil action for damages against the offender.*

The only persons exempt from the provisions of the preceding laws are, 1. persons who have already practiced for five years in Tunis, and *who can show that they have studied medicine for at least three years in a*

medical school. Every year of such study in excess of three is to be counted as equal to a year of practice in Tunis.

2. Natives at least sixty years old, who have practiced medicine for twenty years, and those who are at present possessed of an "amra" from the Bey.

3. Natives who practice in places or tribes where there is no one possessing a legal title to practice.

4. Women now practicing midwifery: who may continue to do so, if they apply for permission within two months.

None of the persons thus exempt may practice any operation, except of minor surgery, nor may they be called as experts, or give medical certificates, or assume the title of "doctor," or any other which would lead to the belief that they have a certificate of authorization to practice. Women who practice midwifery may not perform any obstetrical operation or prescribe medicines, and in case of difficult or protracted labor they must summon a legalized practitioner.

The rights conferred by this exemption may be revoked for good cause and shall be revoked in case of a conviction for practicing illegally.

In studying the provisions of the law we have just epitomized, our readers will probably be struck with the high standard which they set up for the practice of medicine in Tunis, and they will perhaps think that this standard is hardly attainable in our country. This may be the case; but we hope that they may furnish some useful suggestions to those who hope to influence medical legislation in America, and that their manifest consideration for the rights of the natives, as against the claims of those who may wish to make a living by practicing medicine upon them, may not be overlooked.

We think our legislators might do worse than to adopt the provisions of the Tunis law bodily, and we sincerely hope they may at least come near them when they act upon this important subject.

WHOLESOME RECREATION.

Not many weeks ago Dr. J. T. Rothrock, Professor of Botany in the University of Pennsylvania, returned from a visit to the coast of Maine, in which he had carried out with great success an idea of his for making a summer vacation furnish to a number of boys recreation, instruction and improved health. Most of the time was given to sailing and fishing. A considerable portion was spent on an island, where the boys could not indulge in long walks, but where they had abundance of opportunity for moderate muscular exercise. In the evenings they had lectures upon such emergencies as may occur at any time among boys—being shown how to resuscitate a boy taken out of the water insensible, how to treat a case of sunstroke, how to get a boy home with a broken limb, how to stop the bleeding from a cut artery, how to reduce certain dislocations, how to apply bandages, etc. Commencing with the head, they went over the entire body, being taught how to apply these lessons as occasion might arise. The leading idea was to make the excursion a vacation and not a school, hence all instruction was confined to the evening. Whilst its headquarters were on the island, the party cruised as far north as Mount Desert, making in all a cruise of about ten days. The only supervision that was exercised over the boys was simply enough to keep them out of harm's way. As might be expected from Dr. Rothrock's chief line of study, rather extensive collections of the flora of the region visited were made, and interesting matters of local history and natural science were also studied.

We do not mention this enterprise simply to praise it, but rather to commend it to imitation. Under a judicious leader an excursion of this kind could not fail to be of service every way, to young people, or indeed to people of any age; and what has been done by Dr. Rothrock may furnish a suggestion to many of our readers which they could carry out with the greatest

pleasure and advantage to themselves and those who enjoy their professional care.

THE CLAIMS OF THE BODY.

Now that the schools have opened again, it may be worth while to call the attention of those who govern them to the opinions of medical men as to the way in which school children should be treated. It will hardly be claimed that physicians are indifferent to the mental development of the rising generation, and yet they are continually found protesting against the way in which schools are conducted. The number of hours during which children in the public schools of the United States are compelled, or incited, to study are too many; and medical men are practically unanimous in the opinion that they should be curtailed.

Dr. Hammond, of New York, has recently called attention to the error of overloading the minds of school children, and repeated certain arguments which have been advanced over and over again against the system of cramming to which, in spite of many praiseworthy efforts of wise school directors, a large number of scholars are subjected.

But we would go further than he does, and urge the deliberate and systematic cultivation of physical health in all well-ordered schools. In our day there is a wholesome tendency, all over the civilized world, to regard mental culture less exclusively than our fathers regarded it, and to attach more importance to the needs of the body than they did. But even yet we may improve, and perhaps some day we shall reach the point when the possession of a healthy body shall be recognized as indispensable to a perfectly healthy mind, and when it shall be fully understood that a healthy body with a moderate education is infinitely preferable, for the individual and for the race, to a highly cultivated intellect with a wretched physique. This may sound to some like the praise of purely animal excellence; but we believe that a sensible view of the matter will inevitably lead to the conclusion that the mental and moral prospects of the human race will be improved with every improvement of its physical powers, and that the outlook for the future is brighter now than it ever was, because medical men are asserting the claims of the body for thoughtful consideration, and the community seems to be taking their teachings to heart. We have no fear that the minds of those who follow us will be neglected, and it is encouraging to find that their bodies are more and more regarded as worthy of attention.

A practical application of these thoughts may be suggested, namely, that physical education should be made a part of every organized system of general education. And we believe that this can be best done under the supervision of medical men. Every school in America should have the services of a physician, first, to examine the pupils in regard to their ability to pass through the prescribed curriculum without injury to their health, and, second, to direct the measures designed for the development of their physical strength.

Such an adviser should especially superintend any system of gymnastics which may be adopted, and see that the scholars are encouraged to indulge in recreations and sports which strengthen the vital functions. He should be a sort of cultivated trainer, to make those under his care strong men and women physically, and to supplement from his side the endeavors of the teacher to develop their mental faculties. This combination is, in our opinion, necessary for an ideal school, and to this we sincerely wish that all our schools may come.

MEDICAL POLICE SERVICE IN PHILADELPHIA.

Dr. Thomas H. Andrews, Police Surgeon of Philadelphia, has recently secured the adoption of regulations which will very much ameliorate the lot of those who come under the care of the police in conditions of sickness or injury, of body or mind. Formerly the division of authority in the

government of the city led to delays in the treatment of this class of unfortunates which were always troublesome and sometimes disastrous. Under the present form of government, it has been possible to make the different city departments work harmoniously and to reduce to the shortest possible limit the time necessary to transfer a sick, or insane, or injured person to the proper hospital.

At the suggestion of Dr. Andrews, Mayor Fitler has authorized the issuing of orders requiring the immediate reception at the Philadelphia Hospital of any patient sent there by the police surgeon's direction. Chief of Police Lamon has given instructions to the lieutenants, and Dr. Andrews has issued a circular letter to the district surgeons notifying them that when any sick or insane person, with no one to take care of him or her, was brought to the station house, the lieutenant would give notice immediately. This takes from the lieutenant, and assigns to the district surgeon, the duty of judging whether a "prisoner" is intoxicated or sick. The district physicians are to answer the summons at once, and if, in their judgment the patient needs hospital treatment, he is to be sent to the Philadelphia Almshouse without delay.

These arrangements have so far worked admirably; they have relieved the police of much responsibility and have proved of great advantage to those who come under their care.

Both Dr. Andrews and the Mayor of Philadelphia are to be congratulated upon the carrying out of this much needed reform, and we trust it may prompt the authorities of other cities to adopt similar humane and intelligent measures of medical police service.

—There were 23 new cases and 2 deaths from yellow fever in Jacksonville, Fla., Friday, October 26. The total number of cases up to that date has been 3997, and the total number of deaths, 341; a mortality of about 8¾ per cent.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pennsylvania, Obstetrician to the Philadelphia and Maternity Hospitals, etc. Vol. I. Illustrated. One colored plate; 309 engravings on wood. 8vo., pp. 807. Philadelphia: Lea Brothers & Co., 1888.

This work is issued in connection with the System of Gynecology by American Authors, and is intended to furnish a complete exposition of the science of obstetrics, and embody the knowledge of well-recognized authorities in the profession in this country, whose teaching is especially adapted to our own conditions and surroundings. Volume one is made up of eight papers by different writers. The distinguished reputation of its contributors will insure the work a wide distribution in this country; and as the most comprehensive American treatise upon obstetrics, it must be sought for abroad as containing distinctively American views upon the art as well as upon the science of obstetrics.

Engelmann, of St. Louis, contributes the introductory paper, on the history of obstetrics. This contribution is of the same high order that has characterized the other writings of this author. No inconsiderable part of this paper is the result of original investigations concerning the obstetric customs and practice among primitive peoples. Toward the end of the article will be found convincing evidence of the great advances which have been made in scientific obstetrics, and of the benefits which have accrued to mankind from the application of scientific knowledge to the obstetric art. This is especially true of antiseptic midwifery. This section will be read with interest and profit by all who are called upon to practice obstetrics. The Editor is to be commended for having selected a scientist—Martin, of Johns Hopkins—to write the chapter on the physiology and histology of ovulation, menstruation and fertilization, and the development of the embryo. The standing of the author affords ample surety of the intrinsic worth of the contribution. The Editor, Dr. Hirst, contributes the paper on the fœtus, its physiology and pathology, which is very much more complete than that usually found in works on obstetrics. Having signified our opinion of the article as a whole, we wish to refer particularly to one subject—the management of cases of abortion with retention of the placenta. Our author enters very fully into the status of this question, both from the scientific standpoint and from that of authorities. His advice in general is most excellent, and, in the opinion of the reviewer, is to be commended, especially in that he advises to use the finger in preference to any mere instrument to separate adherent placenta from the uterine wall. Immediately afterward, however, Simon's spoon-curette is recommended for the removal of the thickened decidua which remains after early abortions. Aside from the question of the necessity for the artificial removal of this tissue, the method here recommended is certainly dangerous, and is not in accord with the views of American obstetricians—not excluding those who believe in the "active treatment" of incomplete abortion, as distinguished from the "expectant treatment." While some, as Goodell, entirely reject the use of the

curette after abortion as inefficient, and at the same time dangerous, others, and perhaps a larger number, advise it under certain circumstances, but are at the same time emphatic in specifying the *dull* curette, perhaps of Thomas or Mundé; and they are equally outspoken in condemning the use of the sharp instrument, as being likely to cause injury, if not perforation of the uterus. Indeed, our author reports such a case as having occurred in Berlin, resulting in death to the victim, and imprisonment to the physician.

The chapter on the physiology and pathology of pregnancy, by Jaggard, embraces one hundred and fifty-six pages, and is one of the most complete and thoroughly satisfactory in the book, and indeed in any English work. It certainly reflects great credit upon its author, who is one of our younger obstetricians. The section on the physiological and clinical phenomena of natural labor, the conduct of labor, and the physiology and management of puerperal convalescence, is by Busey. The important and purely practical chapter, on the mechanism of labor, and the treatment of labor based on the mechanism, is contributed by Penrose. This author has the happy faculty of saying what he means in such a way that the reader cannot misunderstand him. The contribution is a clear exposition of the views of its distinguished author upon the subjects treated, and as such will be welcomed, not only by his many former students, but by the profession at large. However, in a work which aims to be exhaustive, the reader expects a full presentation of the subject, when theories conflict, and it is disappointing to be referred to other works for the desired information.

The chapter by Reeve on the use of anæsthetics in labor is a complete presentation of this subject. The author pronounces in favor of chloroform as *the* anæsthetic for use in labor, considering it to be as safe as any other, and far more manageable and pleasant. The Editor adds a section on the use of ether in obstetric practice, in which he advocates this agent as "most satisfactory to the obstetrician if used with skill and judgment." Being convinced of the superiority of chloroform, not only by the able presentation of the matter by Reeve, but also by practical experience with both agents, we cannot accept the latter statement—except in those rare instances in which it is desirable to push anæsthesia to the surgical degree. Parvin's erudite contribution on the anomalies of the forces in labor is the concluding section of the first volume. The many original illustrations, taken largely from specimens to be found in Philadelphia museums, are a feature of the book of no mean value. The work of the publishers could hardly be improved upon. Doubtless volume two will be equal in merit to volume one, and both will form an important addition to English obstetric literature.

Pamphlet Notices.

[Any reader of the Reporter who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

Moral and Criminal Responsibility. By P. Bryce, M.D, Tuskaloosa, Alabama. From the *Alienist and Neurologist*, July, 1888. 22 pages.

The Appendix Vermiformis, its Function, Pathology and Treatment. By Henry H. Smith, M.D., Philadelphia. The Diagnosis of Peri-cæcal Abscess, and its Treatment by Removal of the Appendix Vermiformis. By Thomas G. Morton, M.D., Philadelphia. From the *Journal of the Amer. Med. Association*, June 9 and 16, 1888. 44 pages.

—Dr. Bryce's paper on the moral responsibility of criminals is exceedingly interesting and instructive. He is so firm a believer in the controlling influence of hereditary tendencies and surrounding circumstances that he does not hesitate to say that criminal acts have no moral aspect whatever, so far as the criminal is concerned. At the same time he distinguishes between what is called moral responsibility and legal responsibility, holding that the State should restrain or punish criminals, as the occasion may demand, for the protection of society, and suggesting special methods and special judicial machinery for dealing with peculiar cases. His paper is full of interest and instruction, and while those who study it may not agree with all of his opinions, they cannot fail to find in it food for profitable reflections.

—This interesting pamphlet contains papers read by Drs. Smith and Morton before the Surgical Section at the last meeting of the American Medical Association. Dr. Smith's paper gives an admirable summary of the anatomy and physiology of the vermiform appendix, and of the pathological changes to which it is liable, together with a sketch of the symptoms of appendicitis and the treatment appropriate to it. The latter is brief but excellent, and places in a thoroughly scientific light the relative importance of medical and surgical treatment. An interesting feature of Dr. Smith's paper is the mention of writers and surgeons who long ago presented views in regard to the appendix and the treatment of its diseases which are apparently unfamiliar to many who write and speak about them nowadays, and which anticipated many opinions which are usually regarded as novel.

Dr. Morton's paper discusses the surgical treatment of peri-cæcal abscess, and advocates removal of the appendix when—as is often the case—this is dependent upon disease of the latter. Those of our readers who read the Reporter of January 7, 1888, have already an idea of Dr. Morton's views on this subject, which are more fully elaborated in the present paper.

To all of our readers we can heartily recommend a careful perusal of the pamphlet before us, which gives an excellent summary of the present state of knowledge in regard to a most important and very common disorder.

Literary Notes.

We have received Volume IX of the *Index Catalogue of the Library of the Surgeon-General's Office*, U. S. Army. This volume extends from Medicine (popular) to Nywelt. It contains 13,151 author-titles, representing 6,834 volumes and 12,818 pamphlets It also includes 9,999 subject-titles of separate books and pamphlets, and 29,120 titles of articles in periodicals. Like its predecessors, it reflects great credit upon the editor, Dr. Billings, and is an evidence of the wise liberality of the National Government.

CORRESPONDENCE.

Professional Cowardice.

TO THE EDITOR.

Sir: The purport of this communication is to inform Dr. W. R. D. Blackwood of your town, that he is living in advance of his age. The subject upon which he writes so bravely and sensibly in the main, is tabooed.

Some years since a short paper of mine on "The Limitation of Families" was published in a prominent medical journal, and while possessing no special merit or originality in itself, seemed to interest the medical profession immensely. I have now in my possession, a large pile of letters coming from all sections of the country, from Maine to Texas, as a result of that communication, in which I took substantially the same grounds as has Dr. Blackwood. They were mostly from physicians, of course. But quite a number came from laymen and women and they were invariably commendatory.

The prevalence of evil practices was admitted and deprecated and the universal request for information as to how this prevention could be accomplished, was noticeable.

As a matter of course I had nothing absolutely new to recommend; but having tried to inform myself concerning all the approved, safe and certain methods, I wrote a second article in which I described *the* method which in my hands has proved efficient—which I have recommended for many years and do so recommend still, and which has, if carefully followed out in detail, invariably given satisfaction—and what was the result? I have yet the letter from the editor of the aforesaid journal in which he says, at least this is the purport, if not the exact wording:

"There is no fault to be found with the plan you recommend, but we question whether the time has yet come to describe so boldly, even in a medical publication, these *very specific* instructions for limiting progeny; and while we do not absolutely refuse to publish your article, we deem it best as a matter of *policy* in deference to *public opinion* to withhold it for awhile."

It is not necessary to add that it was never published, and to this day I have been annoyed by the clamor my professional contemporaries kept up in order to find out how to prevent conception, "*tuto, cito, et jucunde.*"

That information, I am apprised, is not timely, nor decorous, nor in accordance with the spirit of the nineteenth century; therefore I withhold it.

But I denounce such false modesty, and I protest, with all my might, against a squeamishness wholly in the interest of crime.

However, I shall get rude and personal if I keep on, therefore a period is the proper punctuation right here.

Very truly yours,

DAVID E. MATTISON, M.D.

Warsaw, N. Y.

Biliousness.

TO THE EDITOR.

Sir: When I commenced practice thirty years ago I frequently heard my neighboring physicians use the terms: "*Bilious,*" *and* "*Torpidity of the Liver.*" In the study of medicine I had never seen those terms definitely explained, and I often wondered what was the true pathology of the condition meant. When I had become more acquainted with those practitioners, and my student-life timidity had worn away, I made it a point to question and cross-question those who made use of these terms in consultation or in medical discussion, as to their meaning. I never got a satisfactory reply from any of them, but received the impression that none of them had any definite idea of what was meant by the terms. I asked one physician, who was a professor of practice in a college of some note, what pathological state he intended when he said "*bilious,*" and he replied: "I do not know; it is a term in common use; but what the true pathology is I never made out. It is a convenient term to apply to cases accompanied by a sallow skin and a general malaise."

Just here is the explanation of their general use. The patients accept the pathology expressed by those terms without any question, and the physician avoids further trouble to investigate the case and writes a prescription with a view to stimulate the liver, and arouse it into action, and gives the case no further thought.

After thirty years of practice I find even well-educated practitioners still using the terms "*bilious*" and "*torpidity.*" The medical journals, too, are not exempt from them to-day, though they are loose, meaningless, and unscientific. Medical students, in their text-books on physiology and pathology, do not meet with them. But soon after getting into practice they learn

them, and find a good use for them, to shield their ignorance. They never drop them, so long as they carry calomel, blue-mass and podophyllin, with which to arouse the *lethargic condition of the liver!*

If one will refer to his physiology (modern) he will learn what the functions of the liver are (so far as are known), and see that "*torpidity*" is a myth. Why not drop the terms, as educated physicians, from the medical nomenclature, or use them among patients as we use Santa Claus with little children? deceiving them, but not deceiving ourselves?

I have found quite a large class of pathological conditions, each requiring different treatment, that may have been designated by those terms, by the careless physician who takes but little pains to investigate his cases, and trusts to luck for the good results of his liver stimulants. Such are: gall-stones, gastric and gastro-intestinal catarrh in its various forms, over brain-work, hard labor with under feeding, various kidney, heart and lung affections, peritonitis (chronic), affections of the pelvic viscera, and numerous other obscure diseases.

Yours truly,
JOHN M. CURRIER, M.D.

Newport, Vermont,
Oct. 9, 1888.

NOTES AND COMMENTS.

Small-pox among the Indians.

Official information was recently received by Dr. Benjamin Lee, Secretary of the State Board of Health of Pennsylvania, from the Secretary of the New York State Board, of the existence of small-pox among the Indians of the Cataraugus and Allegheny Reservations in that State, he at once telegraphed instructions to Dr. J. L. Stewart, of Erie, Medical Inspector to the Board for the Lake District, to visit the Cornplanter tribe in Warren County, the members of which are in constant communication with those of the New York reservations, and take the necessary means for their protection The instructions were carried out with commendable promptness. The entire tribe was vaccinated, and the chief, Marsh Pierce, promised to forbid his people crossing the border, until the disease had disappeared. He rendered every assistance to the vaccine physician and extended the thanks of himself and his people to the State Board for its timely action in their behalf.

A Lay Opinion of Sir Morell Mackenzie's Book.

The conversion by Dr. Morell Mackenzie of his record of the sufferings of his patient, the Emperor Frederick, into merchandise of the lowest kind, and the sale of it to a disreputable sensational Sunday newspaper in this city for a good round sum, strikes us as one of the shabbiest and least professional acts ever committed by a member of a noble calling. A quarrel of doctors over a dead body is always a rather repulsive thing, doubly repulsive when the body is that of a man at whose bedside the whole civilized world watched with sorrow and respect. We can readily conceive, however, that Dr. Mackenzie may have found it necessary to lay before the public a full account of the sickening details of the progress of the dreadful and fatal disease, owing to the assaults made on his professional reputation. We are treated to so many of these clinical horrors, nowadays, whenever a distinguished man dies, that doctors are naturally more and more ready to supply them on small provocation. But surely the vindication ought to have been made in the quietest and most professional way, and addressed as far as possible, in form as well as in fact, to a professional audience only. Does any layman or laywoman whose literary tastes are not thoroughly morbid or depraved care to follow in minute detail the history of a fatal cancer in the throat? But what are we to say of a doctor who makes a sort of popular novel out of the story of his patient's horrible sufferings, and sells it then for a large sum to one of the most enterprising purveyors of nastiness in the world? The arrangement has miscarried through somebody's dishonesty; but it is very rare indeed for a thief to render indirectly such good service to the cause of decency as this one has done.—*Nation*, Oct. 18, 1888.

Artificial Carlsbad Salts.

The fulsome advertisements of these salts in various ways may have tended to obscure the fact that very cheap and effective artificial preparations can be made. One of these is that suggested by Ziemssen:

Sulphate of sodium	40 parts.
Carbonate of sodium	6 parts.
Chloride of sodium	1 part.

This should be dissolved in hot water, then the latter evaporated, the remaining salt powdered, and a proper dose of this (one-half teaspoonful) taken in hot or carbonated water.—*Medical Record*, July 21, 1888.

Medical Legislation in New York.

It is more than probable that additional legislation will be sought from the next Legislature of New York to control the practice of medicine. Mr. W. A. Purrington, counsel for the Medical Societies of New York County and State, recently read a paper before the American Social Science Association on the extent to which legislation can aid medical education. Legislators will do well to study this paper before introducing any new laws pertaining to the subject. Mr. Purrington thinks that a responsible board should be created, which will have in charge the arrangements of quarantine and sanitation, and also the licensing of medical practitioners of every sort; for he contends that the dentist and the pharmacist should be recognized as medical men. All that legislation can do to aid medical education he believes can be summed up as follows:

1. By fixing a minimum age under which they (physicians, dentists, and pharmacists) will not be allowed to practice their calling.

2. By requiring of each of them a fixed term of study of certainly not less than two graded years, leaving to the board the care of details.

3. By requiring proof by examination or certificate that each candidate for license had studied, before beginning his professional course, at least those branches in which law students are examined in this State before they commence their legal studies.

4. By declaring that no medical schools (including in the term schools of dentistry, pharmacy, and midwifery) shall be incorporated by special act, and providing a general law for the incorporation of such schools, only upon proof made of the possession by the incorporators of sufficient capital—say, not less than a hundred thousand dollars—and a teaching plant, to justify the belief that the school will be capable of exercising faithfully its franchise. Such an act should contain stringent provisions for its own enforcement and for the forfeiture of abused charters.

5. A minimum course of medical study should be prescribed, in which a grade of at least seventy per cent. should be attained on examination. The regulation of all details of the examination should be left to the board. But the topics in which the examination should be had might well be specified in the statute. It might be well to omit the topics of therapeutics and materia medica, upon which all medical heresies have been begotten by unscientific minds, inferring that one who should creditably pass his examinations in botany, chemistry, physics, anatomy, surgery, physiology, hygiene, diagnosis, obstetrics, and microscopy, especially if his clinical examination should show him to be educated in a true sense to observe and draw sound deductions from observation, might be trusted to form his own conclusions and pursue his own studies as judgment should dictate in the field of therapeutics. The law can have nothing to do with medical theories. The utmost it can do successfully is to prescribe that none shall practise medicine except persons educated in those branches of science that all admit are essential to an understanding of morbid conditions of our species, and possessed besides of a fair general education.

6. Finally, the law should not recognize any diploma as of itself conferring a right to practise medicine: even if the possession of such document should be required as an antecedent to examination by the health board, it should not be allowed to take the place of such an examination. Any scheme of medical legislation will hereafter embrace that great safeguard against imposture and efficient tracer of frauds, the system of registration, where no one is allowed to practise medicine who has not made a public record, under oath, of his name, origin, and credentials for a license.—*Science*, Oct. 19, 1888.

New Laboratory for Cornell.

The Board of Trustees of Cornell University recently appropriated $80,000 from the permanent funds of the university for the erection of a chemical laboratory. A new chemical building is made necessary by the great increase in the number of students within a few years. The sum thus taken from the permanent funds will be replaced by deducting $20,000 a year for four years after 1890 from the regular income of the university. Work on the new building will be begun at once. This will make the fourth large building in process of construction on the campus, one of them, the library, costing $225,000. The trustees appropriated $40,000 to complete the new Engineering Building, an imposing brown-stone structure, called Lincoln Hall, in honor of the President, who signed the Morrill Land-Grant bill.

Rewards for Discoveries and Inventions.

The Committee on Science and the Arts of the Franklin Institute, of Philadelphia, Pa., announces the fact that the Committee is empowered to award, or to recommend the award of, certain medals for meritorious discoveries and inventions, which tend to the progress of the arts and manufactures. These medals are:

1. *The Elliott Cresson Medal* (Gold).—This medal was founded by the legacy of Elliott Cresson, of Philadelphia, and conveyed to Trustees of the Franklin Institute. By the Act of the Institution, May 17, 1849, the Committee on Science and the Arts was designated and empowered to award this medal, and the Committee decided to grant it, after proper investigation and report by sub-committee, either for some discovery in the arts and sciences, or for the invention or improvement of some useful machine, or for some new process, or combination of materials in manufactures, or for ingenuity, skill, or perfection in workmanship.

2. *The John Scott Legacy Premium and Medal* (twenty dollars and a medal of copper).—The John Scott Legacy Premium and Medal was founded in 1816, by John Scott, a merchant of Edinburgh, Scotland, who bequeathed to the City of Philadelphia a considerable sum of money, the interest of which should be devoted to rewarding ingenious men and women who make useful inventions. The premium is not to exceed twenty dollars, and the medal is to be of copper, and inscribed "*To the most deserving.*"

The control of the Scott Legacy Premium and Medal (by Act of 1869) was transferred to the Board of Directors of City Trusts, and referred by the Board to its Committee on Minor Trusts, and that committee resolved, that it would receive favorably the name of any person whom the Franklin Institute may from time to time report to the Committee on Minor Trusts, as worthy to receive the Scott Legacy Premium and Medal. The Franklin Institute, by resolution in 1882, accepted the above-named action of the Committee on Minor Trusts, and referred the duty of making such recommendations to the Committee on Science and the Arts. The Committee determined that the recommendation for such reward shall be made on the favorable report of a sub-committee which shall be appointed to examine the invention or discovery.

Upon request, from interested parties, made to the Secretary of the Franklin Institute, full information will be sent respecting the manner of making application for the investigation of inventions and discoveries; furthermore, the Committee on Science and the Arts will receive and give respectful consideration to reports upon discoveries and inventions, which may be sent to it with the view of receiving one or the other of the awards herein named, and full directions as to the manner and form in which such communications should properly be made will be sent on application. Inquiry may be addressed to Wm. H. Wahl, Esq., Secretary.

Easy Method of Producing Large Anatomical Diagrams.

Mr. W. T. Thomas, in a letter to the *Lancet*, August 11, 1888, says that he has found thin sheets of mica coated with a varnish of one ounce of dried Canada balsam to two ounces of benzole to answer admirably. His mode of procedure is described as follows: Having coated the mica with varnish, lay it on the picture or engraving to be enlarged, trace the outlines on the varnished surface with a fine drawing pen and liquid Indian ink. Place this as the slide in an ordinary magic lantern (oil lamp gives ample luminosity—I use an Argand reading light in the lantern) and the picture is enlarged to any size according to the distance of the lantern from the screen. I find it is better to use the wall as the screen where the paper or calico is hung, and it is an easy process to run over the outline on the material with a soft crayon. The tracing, fitting up, and drawing occupy on an average a quarter of an hour. Enlarging on the blackboard so that the lecturer may fill in is easily done by this method, the room being slightly darkened, absolute darkness not being necessary as only black lines are required, and no fine features or tracery.

Chloride of Ethylene and the Cornea.

Nature, Sept. 13, reports that at the meeting of the French Academy of Sciences, Sept. 3, M. Raphael Dubois submitted a paper descriptive of experiments on the physiological action of the chloride of ethylene on the cornea or covering of the eyeball. The author showed that the chloride of ethylene introduced in any way into the system produces in the dog, several hours after waking, an opacity of the cornea of a very remarkable character. In his experiments he studied the nature of this phenomenon, and the mechanism by which it is produced.

"The Triumphs of M. Pasteur."

Under this heading the *Intransigeant*, of September 10, gives a list of six persons who have died recently of hydrophobia, after having submitted to the "infallible" inoculations of the method of Pasteur. The journal had previously, September 6, announced the death of a boy, named Villemain, of Marseilles, who died June 23, after inoculation. The six new cases are as follows:

1. Bertin (of Gentilly).—Bitten May 15 by a mad dog; inoculated on May 17, and for 24 days after. Died of hydrophobia, June 20, 36 days after the bite.

2. Labeaume (laborer, of Châtenay).—Bitten May 29 by a mad cat. Treated at the Institut Pasteur, from May 30 to the 14th and 29th of June. Died, rabid, July 6, at Versailles Hospital, 36 days after the bite.

3. Ducos (of St. Jean de Bonnefond).—Bitten June 16 by a mad cat. Inoculated from June 20 to July 7 (18 days). Died of hydrophobia at the Hôtel Dieu, at St. Etienne (Department of the Loire), 32 days after being bitten (July 18).

4. L. Mesnil (of Châtenay), aged 44.—Bitten March 25 by a mad cat. Treated at the Institut Pasteur from March 26 to April 12. Died, rabid, July 30.

5. Mdme. Sarasin (of Saint Meurice, Switzerland), aged 44 years.—Bitten July 1 by a mad dog. Treated at the Pasteur Institute Died, rabid, at the Broussais Hospital, August 4, 35 days after the bite.

6. Guers, Joseph (of Chelles).—Bitten July 13 by a mad dog. Inoculated from July 16 to August 6 (20 days). Died, rabid, at the Necker Hospital, under the charge of Professor Peter, 26 days after the bite (August 8).

Remark should be made that, with the exception of the case of Mesnil, all these inoculated persons died in less than 40 days after being bitten; that is to say, that instead of *retarding* the progress of the virus, the inoculations by Pasteur accelerated it. The average period of the incubation of the malady, without treatment, is from 40 to 50 days. And after these hecatombs have mournfully proved the impotence and the danger of his anti-rabid inoculations, M. Pasteur begins now to speak of preventive inoculations for cholera. It is a case of senile dementia which will lead up to a real social peril under the sanction of Government.

7. In addition to the above cases, the *Medical Press*, of July 7 last, reported that "a man, aged 28, who was bitten by a rabid dog in the month of December last, had just died. He was treated by Pasteur immediately after the accident."

8. The *Lancet*, September 15, has an account of the cases announced by *L'Intransigeant*, with the addition of the following: "A child, at Marseilles, aged 31 months, who was bitten on May 9 last by a rabid dog, and treated at the Pasteur Institute from May 14 to June 9, died from rabies on June 23—fourteen days after the end of the treatment." From a statement published in the *Annales de L'Institut Pasteur*, we find that these details referred to the case of Villemain, mentioned in the first few lines of this record.—*Zoöphilist*, Oct. 1, 1888.

Explosive Mixture.

The *American Journal of Pharmacy*, September, 1888, says: A serious accident happened in Topeka, Kansas, on the morning of August 14, when Dr. Detlor, a veterinary surgeon, attempted to powder in an iron mortar a quantity of saltpetre and sulphur. On striking the mixture with an iron pestle a violent explosion took place, shattering the mortar and resulting, besides serious damage to property, in the wounding of the operator, whose left hand was completely blown off, the right hand pierced and mutilated, and a leg and other parts of the body lacerated. Several other persons were more or less seriously injured and a horse on the opposite side of the street was wounded.

Crowley's Brain.

The brain of the dead chimpanzee, Crowley, has been examined by Dr. Spitzka. He finds that it weighs a third less than the average human brain, but is more like a human brain than that of any other chimpanzee whose head has been opened. Dr. Spitzka found faint white streaks at the floor of the fourth ventricle, which, when fully developed in man, are supposed to be connected with the highest functions of hearing, such as the power to distinguish the different words of a language. The auditory streaks are not found in deaf mutes, but have been found poorly developed in the brains of imbeciles and well developed in the brains of intelligent persons. Their presence, though very faintly developed in the brain of Crowley, is regarded as an interesting discovery. Dr. Spitzka, however, thinks that the power to develop in Crowley was very limited.

A Cunning Malingerer.

The Paris correspondent of the *Therapeutic Gazette*, August, 1888, says: "An amusing case of malingering was the other day related by an army doctor. A soldier was suspected of feigning a cystitis, from which he claimed to be suffering severely. He had thus secured exemption from many irksome duties; but the surgeon mistrusted the man, partly because army doctors are naturally incredulous, partly because the appetite remained excellent, and chiefly because the patient always found some pretext for passing the bloody urine when no one was present. Once, however, he was compelled to officiate while the surgeon was watching him. The blood was there, sure enough, only with the last drops passing a most unnatural hissing noise was noticed, as if some gas were escaping from the bladder. Suspecting a trick more than ever, the doctor, at the next micturition, ordered a hospital nurse to draw with a catheter the water from the bladder direct, when lo! and behold! a beautiful specimen of normal healthy urine was obtained. Caught at last, the soldier confessed he had first dropped into his urine blood squeezed from his gums, and, when something more convincing became necessary, he had blown it himself into his bladder by means of a common grass stem. Hence that wonderful escape of gas observed before the final collapse of the deception."

Dissimilarity of the Knee-Jerks in Ataxia.

At the meeting of the Congress of Polish Physicians and Naturalists at Lemberg, July 18–22, 1888, Dr. Goldflam, of Warschau, spoke of the dissimilarity of the knee-jerks in the two limbs in locomotor ataxia. After careful study he is led to the conclusion that this symptom is a very early one and of great value in diagnosis. He observed it at the time when paræsthesias or neuralgic pains first appeared, and when the knee-jerk was present on both sides, but was different. In all these cases the knee-jerk subsequently disappeared. Cases of locomotor ataxia in which the knee-jerk is retained are very rare. Goldflam refers to one case in which it was diminished; one in which it was diminished only on one side; five cases in which it was exaggerated—probably cases of combined degeneration; and seven cases in which it was retained, but was unequal on the two sides.—*Wiener med. Presse*, September 9, 1888.

American Medical Association.

The fortieth annual meeting of the American Medical Association will be held at Newport, R. I., June 25, 1889, having been postponed from the date first decided upon (June 4) in order to hold its sessions at the time of the celebration of the 250th anniversary of the settlement of Newport. The later date was also found to be more convenient for the local societies. The Committee of Arrangements consists of: Drs. H. R. Storer, Chairman; C. F. Barker, M. E. Baldwin, C. A. Brackett, J. P. Curley, P. F. Curley, J. P. Donovan, H. Ecroyd, Jr., V. M. Francis, T. A. Kenefick, G. M. Odell, F. H. Rankin, W. C. Rives, Jr., S. H. Sears, W. S. Sherman, H. E. Turner. W. Thornton Parker, Local Secretary.

The Associate Committee appointed by the Rhode Island Medical Society, consists of Drs. G. D. Hersey, W. H. Palmer, G. T. Swarts, all of Providence, R. I.

American Academy of Medicine.

The American Academy of Medicine will hold its next annual meeting at the New York Hospital, Tuesday and Wednesday, November 13 and 14, 1888. Papers will be read by Drs. H. I. Bowditch, of Boston; Theophilus Parvin, of Philadelphia; Leartus Connor, of Detroit; L. D. Bulkley, of New York; J. C. Wilson, of Philadelphia; E. Andrews, of Chicago; George J. Fisher, of Sing Sing, N. Y.; C. C. Bombaugh, of Baltimore; R. L. Sibbet, of Carlisle, Pa.; W. F. Waugh, of Philadelphia; and the President's Address, by Dr. F. H. Gerrish, of Portland, Maine.

Dr. Richard J. Dunglison, of Philadelphia, is Secretary.

Ohio State Sanitary Association.

The sixth annual meeting of the Ohio State Sanitary Association will be held at Canton, Ohio, November 14 and 15, 1888. An interesting programme has been provided. Dr. G. C. Ashman is President, and Dr. R. Harvey Reed Secretary, of the Association.

American Public Health Association.

The American Public Health Association will hold its sixteenth annual meeting in Milwaukee, Wis., Nov. 20, 21, 22, 23, 1888. An interesting programme has been published. Dr. Irving A. Watson, Concord, N. H., is Secretary.

NEWS.

—Captain John Jellard has died of yellow fever in St. John's Hospital, Brooklyn. There is no occasion to fear a spread of the disease.

—Dr. Löhlein has been offered the chair of Gynecology at the University of Giessen, which was made vacant by Prof. Hofmeier's resignation.

—H. M. Whelpley, Professor of Microscopy in the St. Louis College of Pharmacy, has written an instructive paper on microscopy of drugs mentioned in the U. S. Pharmacopœia.

—A committee appointed by the Los Angeles County Medical Society reported back to that society that there were in that city on Sept. 7, 1888, 256 practitioners, only 140 of whom were recorded in the Clerk's office; in other words, nearly one-half of them were practising in violation of the law.

HUMOR.

PHYSICIAN (to convalescent patient)—"My bill, sir, for attendance during your late illness." Patient (looking over bill and turning white)—"Great Scott! Doctor. Was I as sick as all that?"

WHERE THE POEMS WENT.—"Is the editor-in-chief in?" asked a stranger, as he sauntered into the city reporters' room at 8 o'clock in the morning. "No, sir," replied the janitor, kindly, "he does not come down so early. Is there anything I can do for you?" "Perhaps so. Are you connected with the poetical department of the paper?" "I am, sir." "Oh, what do you do?" "I empty the waste baskets, sir."—*Milwaukee Sentinel.*

AGING AS A FINE ART.—"There, you look ten years older now," said a down-town barber yesterday as he released a man from the meshes of a towel and yelled "Brush!" To the customer who followed he said: "That was a young fellow who has just started in business here as a doctor. He looked too young, and, to get patients, he had to grow old in the barber's chair. Can we age a man? Well, I should say so. It's a part of our trade. Let me take you in hand and dress your hair and beard my way for a month and you'll look a middle-aged man. It's all in the appearance. People won't trust a young doctor if he looks too young, and I am adding years to the appearance of half a dozen young physicians now."—*Chicago Herald.*

MARRIAGES.

MYERS—SNYDER.—On October 11, 1888, by Rev. F. Berkemeyer, A. F. Myers, M.D., of Blooming Glen, to Miss Wilhelmina Snyder, of Sellersville, Bucks Co., Pa.

GRIM—FETTER.—On October 18, 1888, by Rev. D. Sevin Coleman, George M. Grim, M.D., of Ottsville, to Miss Sarah E. Fetter, of Churchville, Bucks Co., Pa.

GROOM—HUTCHINSON.—On October 23, 1888, by Rev. Dr. J. M. Knox, President of Lafayette College, Albert Groom, M D., to Miss Margaret Hutchinson, both of Bristol, Bucks Co., Pa.

OBITUARY.

LEWIN H. COHEN, M.D.

Dr. Lewin H. Cohen was born in Scotland in 1842, and died at Aiken, S. C., September 27, 1888. After an excellent preliminary education, Dr. Cohen was graduated from the New Orleans School of Medicine, February 15, 1862. He served for a time in the military hospitals of the Confederacy, and later engaged in practice in the city of New Orleans, and held the chair of Adjunct Professor of Chemistry in his *Alma Mater*. In 1868 he returned to Quincy, where his family resided. During the last twenty years he has been engaged in practice in Quincy, except for a period of a few months during which he occupied the chair of chemistry in the Louisville Medical College.

At the time of his death, and for several years before it, he was Professor of Chemistry in the Quincy College of Medicine. At different times he was connected with the Board of Health of Quincy, where he became noted for his efficient service. He devoted much time and study to sanitary science, and was a member of the American Public Health Association, and other sanitary societies.

He served as Secretary of the Adams County Medical Society for several years with great acceptance, and contributed liberally to its discussions.

In his intercourse with his medical brethren he was scrupulously observant of the amenities and ethics of the profession. Of scholarly tastes, he had an appreciative knowledge of general literature, as he had also of the higher forms of art, and maintained under all circumstances the character of a cultivated gentleman.